

# Child Care Program: Pilot Report

*Submitted to:*



**Policy Development Bureau  
Community Care Licensing Division**  
California Department of Social Services  
744 P Street, 17th Floor – MS 9-17-89  
Sacramento, CA 95814  
**Web:** [www.ccl.d.ca.gov](http://www.ccl.d.ca.gov)

*Submitted by:*



**SACRAMENTO STATE**  
COLLEGE OF CONTINUING EDUCATION

3000 State University Drive, MS 6103  
Sacramento, CA 95819

**Phone:** (916) 278-4826

**Web:** [www.cce.csus.edu](http://www.cce.csus.edu)

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*Submitted by:*

**Shannon Q. Hurtz, PhD**

Principal Investigator

**Greg M. Hurtz, PhD**

Principal Investigator

**Penelope G. Dane, PhD**

Project Manager and Researcher

**Jonathan Bell**

Researcher

**Shannon Ebler**

Research Assistant

**Deborah L. Hunt, PhD**

Director

Conference, Training and Organizational Development Services



**SACRAMENTO STATE**  
COLLEGE OF CONTINUING EDUCATION

3000 State University Drive, MS 6103  
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### Table of Contents

<b>I. Introduction .....</b>	<b>1</b>
A. Structure of the CCP Pilot Tools .....	2
B. Approach and Methods .....	4
C. Pilot Sampling Strategy .....	7
D. Data .....	7
<b>II. Executive Summary .....</b>	<b>10</b>
A. Post-Pilot Recommendations to Improve Inspection Effectiveness .....	12
<b>III. Consistency .....</b>	<b>13</b>
A. Promising Results .....	13
B. Challenges .....	19
<b>IV. Thoroughness .....</b>	<b>23</b>
A. Promising Results .....	23
B. Challenges .....	30
<b>V. Efficiency .....</b>	<b>31</b>
A. Promising Results .....	31
B. Challenges .....	36
<b>VI. Prevention .....</b>	<b>47</b>
A. Promising Results .....	48
<b>VII. Compliance .....</b>	<b>52</b>
A. Promising Results .....	52
<b>VIII. Recommendations .....</b>	<b>70</b>
A. Tool Content .....	70
B. Tool Validation .....	70



<b>IX. Identification of Key Indicators for Development of Revised Inspection Tools .....</b>	<b>71</b>
A. Correlational Analyses and Patterns of Co-Violations .....	71
B. Identification of Key Indicators .....	72
<b>X. Recommendations for Next Steps .....</b>	<b>75</b>
A. Subject Matter Expert (SME) Workgroups .....	75
B. Ongoing Assessment of Reliability and Scientific Validity .....	75
<b>Appendix A – Framework for Data Analysis and Data Needs to Inform Identification of Key Indicators .....</b>	<b>77</b>
<b>Part 1: Selection of Key Indicators.....</b>	<b>77</b>
Evidence for Key Indicators Selection Based on Internal Structure.....	77
Evidence for Key Indicators Selection Based on Content.....	78
Evidence for Key Indicators Selection Based on Relations to Other Variables .....	78
<b>Appendix B – Subject Matter Expert Ratings .....</b>	<b>80</b>
Subject Matter Expert Ratings .....	80
Deliverables and Activities.....	80
Workgroup Activities and Findings .....	81
<b>Appendix C – Additional tables from the LPA/LPM Post Inspection Survey Responses.....</b>	<b>84</b>
Domains for the Standard Inspection Tool .....	84
LPA/LPM Ratings of Thoroughness for the Domain Focused Inspection Tool .....	87
Hardware: Ease of Use .....	92
Forms and Manuals .....	94
Language Translation .....	95
<b>Appendix D – Qualitative Categorization Codes .....</b>	<b>96</b>



### List of Tables

Table 1. Tool Contents: Domains and Regulation/Statute Counts .....	2
Table 2. Frequencies of Larger and Smaller Facilities in Pilot.....	4
Table 3. Inspection Frequencies for Each Tool.....	8
Table 4: Number of Surveys Completed by LPAs and LPM Shadow Inspectors .....	9
Table 5. Licensee Awareness of the New Inspection Process .....	14
Table 6. Licensee Acquisition of Knowledge Regarding the New Inspection Process .....	14
Table 7. Licensee Responses to the New Inspection Process.....	15
Table 8. Facility Citation Rates .....	15
Table 9. Licensee Ratings of the New Inspection Process.....	16
Table 10. Percent Agreement between Primary and Shadow Inspectors.....	18
Table 11. LPA Response Changes .....	18
Table 12. Carrying the Tablet .....	20
Table 13. Typing Notes .....	21
Table 14. The Scroll Bar .....	21
Table 15. The Touchscreen .....	22
Table 16: LPA/LPM Perceptions of Effectiveness.....	24
Table 17. LPA/LPM Perceptions of Pilot Inspection Thoroughness.....	25
Table 18. LPA/LPM Perceptions of Thoroughness in the Physical Plant Domain .....	26
Table 19: LPA/LPM Perceptions of Thoroughness in the Staffing Ratio & Capacity Domain .....	27
Table 20: LPA/LPM Perceptions of Relevancy of Domain Focused Tool .....	28
Table 21. LPA/LPM Perceptions of the Children's Record Domain .....	29
Table 22. Licensee Perceptions of Length of Time for Inspection Completion.....	31
Table 23. Regulations Most Frequently Reported as N/A for Each Tool .....	32
Table 24: LPA/LPM Perceptions of Time Spent on Pilot Inspections as Compared to KIT Inspections.....	37



Table 25: LPA/LPM Perceptions of Time Spent on Comprehensive Inspections with New Tools .....	38
Table 26. Median Self-Reported Time Spent (Hours) Conducting the Inspections .....	39
Table 27. Median Recorded Time Spent (Hours) Using the Tools .....	39
Table 28: LPA/LPM Perceptions of Effort During Standard Pilot Inspections .....	41
Table 29: LPA/LPM Perceptions of Effort When Domain Focused Tools Were Triggered .....	42
Table 30. Flow of the Inspection Process .....	43
Table 31: LPA/LPM Opinions on Domain Sequencing .....	43
Table 32. LPA/LPM Perceptions of Efficiency of the New Inspection Tool .....	44
Table 33: LPA/LPM Experiences Interacting While Using the Tablet .....	45
Table 34. Regulations/Statutes Most Frequently Issued a Technical Violation Advisory for Each Tool .....	48
Table 35. Regulations/Statutes Most Frequently Issued a Technical Assistance Advisory for Each Tool .....	51
Table 36. Percentage of Times Regulations/Statutes in Each Domain Were Rated as In Compliance, Not In Compliance, or Not Applicable .....	52
Table 37. Citation and Advisory Frequencies by Tool and Domain .....	54
Table 38. Deficiency Types for Smaller versus Larger Facilities .....	56
Table 39. Regulations/Statutes Most Frequently Cited as Type A for Each Tool .....	57
Table 40. Regulations/Statutes with the Most Frequent B Citations .....	58
Table 41. Average Numbers of Citations/Deficiencies in Pilot for Facilities Cited versus Not Cited Previously .....	64
Table 42. Domains Triggered for Each Tool, and Cited Regulations/Statutes .....	66
Table 43. Citation Counts Across Years .....	69
Table 44. Hierarchical Analysis of Information Regarding Decisions to Select Key Indicators .....	73



## List of Figures

Figure 1: Relationship Between Hours Spent in Tool and Overall Hours Spent on the Inspection .....	40
Figure 2: Plot of Means for Citations/Deficiencies in Pilot for Facilities Cited versus Not Cited Previously .....	65



### I. Introduction

Between May 13, 2019 and August 16, 2019, the California Department of Social Services (CDSS) piloted new data-informed inspection tools in Child Care facilities as part of its Inspection Process Project (IPP). The pilot study was conducted to allow CDSS to develop a group of inspection tools. The inspection tools that will be developed from the pilot include a comprehensive inspection tool, revised domain focused tools, and a revised standard inspection tool for four Child Care facility types. These four include the Family Child Care Home, Infant Child Care Center, Preschool Child Care Center, and School Age Child Care Center. Tools for each of these four facility types are labeled throughout the report as follows: Family Child Care Home Tool (FCCH Tool); Infant Child Care Tool (Infant Tool); Preschool Child Care Center Tool (Preschool Tool); School Age Child Care Center Tool (School Age Tool). Ensuring compliance, prevention, and enforcement of safety standards are tantamount to the development and fielding of new inspection tools across all programs in the Community Care Licensing Division (CCLD); through this data-informed inspection approach, CDSS will systemically document and track their commitment to the health and safety of people under the care of licensed facilities.

Specifically, CDSS hopes the new inspection process will result in:

1. Inspections, through the implementation of standardized tools, that are:
  - Consistent: Meaning the content of the inspections will be standardized, and Licensing Program Analysts (LPAs) will have a consistent process for performing inspections
  - Thorough: Meaning that the full range of important domains is represented in each inspection
  - Efficient: Meaning the tool covers all domains in a concise way
  - Effective: Meaning the tools are accurate in assessing overall facility health
2. Actionable information, by generating data on facility compliance as well as noncompliance, giving CDSS a more holistic and accurate picture of facility and system performance over time. CDSS will use this information to focus resources and develop strategies for division-wide policy and program actions.
3. Identification of promising practices as well as areas of concern that may require training and improvement.
4. Inspection procedures that emphasize prevention and enforcement of regulations and statutes that are key to the health and safety of children in care.

CDSS retained California State University, Sacramento (CSUS) to help develop scientifically valid and reliable inspection tools for the IPP. To this end, CSUS will provide supporting evidence drawn from multiple sources of data to identify which regulations should be included in the standard and domain focused inspection tools. Key indicators - regulatory content that is critical and important to include in





the tools – will also be identified. Lastly, correlations among domains will be examined in order to guide development of domain groupings as part of the inspection process.

This report presents:

1. Qualitative and quantitative findings.
2. Preliminary recommendations to guide the selection of key indicators based on information provided by CDSS and results of quantitative analyses.
3. Recommendations for next steps to identify and select key indicators for inclusion in the Child Care Program (CCP) inspection tools based on input from CCLD subject matter experts and CDSS leadership.

### A. Structure of the CCP Pilot Tools

CDSS began initial tool development by grouping like regulations/statutes into specific categories or “domains.” Regulations/statutes were reviewed for inclusion in the pilot standard and domain focused tools by a group of CCLD subject matter experts (SMEs). During an inspection, the domain focused tools were triggered if a facility received one Type A citation or two Type B’s. Once triggered, the regulations on the domain focused portion were also inspected. Thus during a pilot inspection, some individual domains could be triggered for a domain focused inspection, while others may not be. If a facility received one Type A citation or two Type B citations in every domain on the inspection tool, then all domain focused tools would be triggered. In this case, the LPA would do a full comprehensive inspection. Although this was a possibility, there were no cases in which this occurred during the pilot inspection phase.

Table 1, below, provides a regulation/statute count per domain of each CCP tool, broken into standard and domain focused portions of the tool, as observed in the data.

**Table 1. Tool Contents: Domains and Regulation/Statute Counts**

Tool	Domain	Total Count of Regulations/ Statutes	Standard	Domain Focused
FCCH Tool	Care and Supervision	3	1	2
	Facility Administration	50	21	29
	Personal Rights	4	4	0
	Physical Plant	23	22	1
	Records	19	11	8
	Staffing Ratio and Capacity	12	11	1
	<b>Total</b>	<b>111</b>	<b>70</b>	<b>41</b>



## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Total Count of Regulations/ Statutes	Standard	Domain Focused
Infant Tool	Care and Supervision	33	15	18
	Children Records	65	28	37
	Food Service	34	30	4
	Personal Rights	7	7	0
	Physical Plant	132	84	48
	Reporting Requirements	3	1	2
	Staff Records	82	40	42
	Staffing Ratio and Capacity	13	7	6
	Toddler Component	2	2	0
	<b>Total</b>	<b>371</b>	<b>214</b>	<b>157</b>
Preschool Tool	Care and Supervision	17	4	13
	Children Records	48	16	32
	Food Service	9	7	2
	Personal Rights	5	5	0
	Physical Plant	88	39	49
	Reporting Requirements	3	1	2
	Staff Records	59	45	14
	Staffing Ratio and Capacity	9	7	2
	Toddler Component	3	3	0
	<b>Total</b>	<b>241</b>	<b>127</b>	<b>114</b>
School Age Tool	Care and Supervision	12	8	4
	Children Records	25	16	9
	Food Service	14	8	6
	Personal Rights	4	4	0
	Physical Plant	92	38	54
	Reporting Requirements	13	3	10
	Staff Records	38	26	12
	Staffing Ratio and Capacity	10	8	2
	<b>Total</b>	<b>208</b>	<b>111</b>	<b>97</b>



### Facility Size/Capacity

Table 2, below, summarizes the number of facilities for each tool that fell into two groups: smaller and larger. Grouping was based on the capacity of the facility. For FCCH, this grouping was based on CDSS's designation of facilities serving 0-8 children as "smaller," and those serving 9 or more children as "larger." This resulted in a roughly 50/50 split of observations in the pilot data. There were no known rules provided to apply for categorizing the other tools, so cut points were derived at break points in the observed data to achieve a roughly 50/50 split for each of the other three tools. Specific definitions for these splits are provided in Table 2.

**Table 2. Frequencies of Larger and Smaller Facilities in Pilot**

Tool	Definition	Smaller	Larger	Total
FCCH Tool	0-8 vs. 9-14	80	73	153
Infant Tool	0-20 vs. 21-41	15	12	27
Preschool Tool	0-50 vs. 51-176	38	39	77
School Age Tool	0-40 vs. 41-182	13	13	26
Total		146	137	283

### B. Approach and Methods

The data analysis process will identify regulations/statutes for possible inclusion in CCP inspection tools based on statistical analyses of inspection data, as well as input from CCLD SMEs and leadership. CSUS prepared a framework, or approach, that will be used to develop evidence of scientific validity from two primary sources: 1) statistical analyses of inspection data identifying citation frequency information and patterns of co-violation; and, 2) input from CCLD SMEs, who possess a high level of knowledge regarding regulations/statutes facilities and inspection practices; as well as knowledge of the criticality of proposed indicators and their relationship to the compliance status of facilities and well-being of children in care. (See Appendix A for a detailed description of the CSUS framework.)

This report presents analyses of data gathered from multiple sources prior to, during, and immediately following the CCP pilot:

- Inspection data gathered in 2016-2019.
- Pilot inspection data recorded between May and August 2019.
- Post-inspection surveys completed by licensees, Licensing Program Analysts (LPAs), and Licensing Program Managers (LPMs) who participated in the CCP pilot.
- Focus groups conducted in October 2019, with LPAs and LPMs who participated in the pilot.
- Preliminary findings from subject matter expert (SME) workgroups conducted in February 2020.



### Qualitative Analysis

As part of the pilot process, LPAs and LPMs completed post-inspection surveys, which contained both close-ended and open-ended questions. Most of the data gathered from LPAs and LPMs in the post-inspection survey and in the focus groups explored their experience with the new inspection process and content in the tools. Licensees were also asked to complete a post-inspection survey containing close-ended and open-ended questions assessing their experience with the pilot inspection. Subsequently, CSUS researchers reviewed data gathered from licensee and LPA/LPM post-inspection surveys to identify themes. Individual responses were then organized by theme and summarized to remove redundancies. This was examined in conjunction with the LPA and LPM focus group responses to complete the qualitative analyses contained in this report. Since LPAs and LPMs completed surveys multiple times, we adjusted the data into a weighted format. For the closed-ended questions, we delineate both the raw and adjusted data throughout this report. For the open-ended questions, we analyzed by theme and LPA/LPM. Details on these analyses are in the following sections.

### Closed-Ended Question Analysis

Tables with responses from the LPA/LPM post-inspection surveys presented in this report are structured as follows:

- The first column, Response Options, details the survey question response options. For some questions, the text of the question itself is included in this column.
- The second column, Number of Responses, details the total number of times each question response option was selected.
- The third column, Raw Percentage (RP), reflects the percent of times a certain response was given out of all the times the survey was completed.
- The fourth column, Number of LPA/LPMs, provides the number of different LPAs and LPMs who gave that response at least one time. As most LPAs and LPMs answered the surveys multiple times, the numbers in these columns add up to more than 11. Each separate row tells how many times a unique LPA or LPM selected that response.
- The fifth column, Standardized Percent (SP), adjusts the raw percentage of responses to account for the fact that LPAs and LPMs responded to the surveys after each inspection. In other words, individual LPAs and LPMs responded multiple times to the same survey; this weighted percentage shows what percent of unique LPAs and LPMs selected particular responses.

It is important to note that there is a column in each table that factors out duplicates of the same response given by the same LPA or LPM on the post-inspection survey. It can be misleading to only look at the raw counts (columns 2 & 3 in the tables). As such, adjusted counts and percentages are presented in the fourth and fifth column, respectively; essentially giving each LPA and LPM's experience equal weight, regardless of how many times one may have completed the survey.



It is also important to note that not all questions were answered in every survey, resulting in some missing data. Therefore, the totals may not always be equal to the total number of inspections. Additionally, for some questions LPAs and LPMs may have chosen N/A, or left the question unanswered, instead of selecting a ranked choice option. In these cases, their response was excluded from any calculation, thus the total number of LPAs and LPMs that responded to a question may also be less than 11.

### Open-Ended Question Analysis

Open-ended responses from the post-inspection LPA/LPM and licensee survey questions, as well as notes from the focus-group interviews, were analyzed using the software package Atlas.ti.<sup>1</sup> Responses were coded for prevalent and salient themes. As with the closed-ended data, the responses from LPAs and LPMs who took the survey multiple times needed to be accounted for.<sup>2</sup> To do this, the response data was examined by individual LPA and LPM. As such, the findings in this report should be referenced when looking at the open-ended questions, as opposed to the summary findings in Qualtrics.<sup>3</sup>

We completed a qualitative approach to coding responses. Coding/categorization was established to reflect the priorities of the Inspection Process Project. All responses were categorized for efficiency, thoroughness, consistency, and compliance. Based on an initial read-through of the documents, a secondary set of categorizations were added to these initial four. As new and significant themes surfaced during the inductive approach analysis of the LPA/LPM and licensee surveys, additional codes were added. All codes/categories can be found in Appendix D of this report. Analytic memos were taken throughout the process to track the researcher's progress, identify emergent topics and support a second round of data analysis and reporting.

When appropriate, direct quotes from pilot LPAs/LPMs are included, in congruence with qualitative research methodology. As Maxwell notes, "findings can gain increased legitimacy when people are exposed to actual words of the study's participants. Finally, because of the added depth of understanding that qualitative research brings it can be very useful in studies that are being used to improve policies and programs."<sup>4</sup>

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<sup>1</sup> Atlas.ti is widely used for qualitative text, video, and audio research.

<sup>2</sup> Several LPAs participated in the focus groups who were not part of the pilot; as the focus of this report is on the pilot data, when possible these responses were excluded from focus group analysis.

<sup>3</sup> Qualtrics is web-based survey software that can be used to generate surveys and reports.

<sup>4</sup>From page 31 of Maxwell, J.A. (2013). *Qualitative research design: An interactive approach* (Vol. 41). Thousand Oaks, CA: Sage Publications.



### Quantitative Analysis

CSUS analyzed pilot inspection data from 283 inspections completed by LPAs, including descriptive analyses and correlational statistical tests. Although there was also data from 54 shadow inspections completed by LPMs, this data was not included in the main statistical analyses completed. The shadow inspection data was only used to calculate inter-rater reliability. Researchers also conducted analyses comparing pilot data to historical inspection data recorded in years 2016 to 2019.

### Data Collection

There were 8 LPAs and 3 LPMs that participated in the pilot, completing 283 inspections and 288 post-inspection feedback surveys. For 54 of these inspections, the LPM served as a second investigator that shadowed the main LPA. The purpose of having a second investigator shadow the main LPA was to examine consistency in inspections using inter-rater reliability analysis. The LPM provided a second independent set of ratings to be compared to the main LPAs ratings. The shadow inspectors also completed 25 post-inspection feedback surveys. There were 283 facilities that participated in pilot inspections. The licensee survey was completed by 100 individuals representing a pilot facility.

### C. Pilot Sampling Strategy

**Key Point:** The sampling strategy utilized compliance history, facility size, and date of last inspection to determine which facilities would be part of the pilot study.

CDSS developed a stratified sampling plan for the pilot study. The stratified sample utilized compliance history, facility size, and date of last inspection. Compliance history was balanced with half having zero violations in the last two years, and half having one or more violations. The sampling plan included inspection visits from four regional offices throughout the state of California.

### D. Data

Table 3, on the following page, displays the number of times each tool was used, broken down by facility type and inspection type. Facility types were split by facility number when preparing the data, as some locations have multiple facility types under the same facility name, with each type assigned a unique number.



**Table 3. Inspection Frequencies for Each Tool**

Tool	Overall Frequency	Overall Percent	Inspection Type: Annual/ Random	Inspection Type: Annual/ Required	Inspection Type: Required – 3 Year
FCCH Tool	153	54.1	143	3	7
Infant Tool	27	9.5	25	1	1
Preschool Tool	77	27.2	71	3	3
School Age Tool	26	9.2	24	0	2
Total	283	100.0	263	7	13

### LPA/LPM Post-Inspection Surveys

Administered through Qualtrics, the LPA/LPM post-inspection survey was a 30-question survey completed by 8 LPAs and 3 LPM shadow inspectors after pilot inspections.<sup>5</sup> The survey contained 17 closed-ended questions, in which they were given a response scale, and 11 open-ended questions. There were also two hybrid questions in which they were first asked a close-ended question then possibly a follow-up open-ended question depending on how they answered the first part. The survey was completed 331 times; however, only 288 of those responses were valid data. Forty-three of the responses were tests and/or submitted by respondents who were not part of the CCP pilot. Thus, numbers in this report should be referenced when discussing the CCP pilot, not preliminary reports drawn from Qualtrics during the pilot. Going forward, this report only refers to the 288 valid surveys. The survey was completed 288 times by 11 inspectors (some of which were shadow inspectors). Table 4, on the following page, provides information on the number of times the post-inspection survey was completed by each LPA and shadow inspector.

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<sup>5</sup> In order to calculate inter-rater reliability for the quantitative pilot study, shadow inspectors completed an inspection simultaneous with LPAs 54 times. Shadow inspectors were LPMs.



**Table 4: Number of Surveys Completed by LPAs and LPM Shadow Inspectors**

Inspector	Role	Frequency of Surveys Completed	Total Inspection Count
1	Shadow Inspector/LPM	0	13
2	Shadow Inspector/LPM	1	12
3	Shadow Inspector/LPM	11	16
4	Shadow Inspector/LPM	13	13
5	LPA	17	30
6	LPA	31	33
7	LPA	33	40
8	LPA	34	34
9	LPA	34	33
10	LPA	36	36
11	LPA	37	36
12	LPA	41	41
TOTAL		288	337

While 283 total facilities were inspected during the pilot, Table 4, above, shows 288 completed post-inspection surveys. For some of the inspections the shadow inspector also completed the post-inspection survey, bringing the total frequency of completed survey to 288, five more than the number of completed inspections. Under the “Total Inspection Count” column, we see the impact of the 54 inspections that included a shadow inspector, bringing the total number of inspections to 337. As seen in Table 4, above, some LPAs did not complete the LPA post-inspection survey every time they completed an inspection. For example, LPA 5 filled out the survey 17 times but completed 30 inspections.

### **Licensee Surveys**

After each pilot inspection, licensees were sent a post-inspection survey to complete. The licensee survey consisted of 17 total questions. There were 8 closed-ended questions, 4 open-ended questions, and 5 hybrid questions. For the hybrid questions, they were first asked a closed-ended question, then they may have been asked a follow-up open-ended question depending on how they answered the





initial closed-ended question. The licensee survey was available in both Spanish and English. The response rate for these surveys was 37.6%, as it was completed by 100 of the 266 licensees inspected during the pilot.<sup>6</sup> Each licensee only completed one survey. Due to incomplete responses, there were 82 usable licensee surveys.

### Focus Groups

CDSS and CSUS conducted four 45-minute focus groups with all pilot LPAs and LPMs, as well as additional SMEs from the Child Care Program in order to capture LPA and LPM experiences with the tool and inspection process during the pilot. Responses from the focus groups are integrated with the Child Care Program pilot qualitative analysis. The focus groups had four main goals:

- 1) Clarify LPA and LPM written responses from post-inspection surveys.
- 2) Investigate how LPAs and LPMs used the new tool during pilot inspections.
- 3) Generate ideas and strategies to improve the tool and inspection process.
- 4) Document suggestions for facilitating a smooth statewide rollout.

LPAs, LPMs and other SMEs were divided into four groups with each group answering a series of questions designed to clarify, investigate, generate, and document the IPP pilot. Each focus group was led by a facilitator who directed the conversation, and focused more thoroughly on questions when needed. One note taker was assigned to each group to document the responses. Focus group responses were analyzed using thematic and content analysis.

## II. Executive Summary

The following report is a preliminary presentation of the data from the Child Care Program (CCP) pilot study. There are several important summary points to note in this document:

- Four tools were tested in the Child Care pilot: the Family Child Care Home Tool (FCCH Tool); the Infant Child Care Center Tool (Infant Tool); the Preschool Child Care Center Tool (Preschool Tool); and the School Age Child Care Center Tool (School Age Tool). There were a total of 283 inspections across the four tools. Eight LPAs and three LPMs conducted mostly annual/random inspections, as well as annual required inspections and required 3-year inspections. These inspections were conducted in facilities ranging in capacity, located in four different geographical regions. The wide variety of facility types increased generalizability of the data to the larger state population of Child Care Program facilities.

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<sup>6</sup> While there were 283 facilities inspected during the pilot, some licensees run multiple facilities, so the total number of licensees was 266.



- Across all four tools, self-reported time spent in the inspection was approximately two hours. This self-report value was strongly correlated with the time recorded by the tool itself.
- Inter-rater reliability was calculated using “shadow” inspectors (LPMs) who observed LPAs and conducted a parallel inspection. Across all the tools there were 54 shadow inspections. Overall, the inter-rater agreement was good. Averaging across all the tools, inter-rater agreement for the standard tools was 85% and agreement for the domain-focused tools was 81.6%. Inter-rater agreements were also calculated specifically with regulations that were common across all four tools, and was 86.6%, which is a high degree of agreement.
- Overall, there is a high rate of compliance among the facilities that were inspected during the pilot study. Across all tools, compliance ranges from 95% to 99%, when blanks and N/A responses were excluded.
- There were only 28 Type A citations issued across all four facility types during the pilot. There were zero Type A citations in the Infant and School Age Tools. There were a total of 354 Type B citations issued in the pilot. The majority of the Type B citations were issued using the FCCH Tool.
- Technical Violations (TVs) and Technical Advisories (TAs) were also utilized by inspectors, although there were less of those than Type B citations. Across the four inspection tools, there were 126 TVs given and 50 TAs given.
- Across all four tools, the domains that most frequently had the domain focused tool triggered were Physical Plant, Staff Records, and Children’s Records.
- LPA/LPM post-inspection surveys, licensee post-inspection surveys, and focus group sessions, showed that LPAs and LPMs thought they spent more time and more effort conducting inspections with the new tools.
- LPAs and LPMs believe that the new tools lead to more thorough and consistent inspections.
- LPAs and LPMs reported challenges with the new inspection tools, such as redundant regulations/statutes and the weight of the tablet, and found interacting with licensees while holding the tablet to be awkward.
- During post-pilot subject matter expert (SMEs) workgroups, SMEs determined the perceptions of regulation/statute redundancy are, at times, issues with redundant labor related to the new tool hardware and software.
- Facility staff who responded to the voluntary licensee surveys were overwhelmingly positive in their responses to the new inspection process, as having the regulations/statutes readily available tended to increase their confidence in inspection consistency.



- Leadership and trainer participation in hands-on workgroup activities appeared to have a positive impact on LPA/LPM problem solving.
- Interactive training and work - as opposed to didactic training - with LPAs and LPMs built individual investment in the IPP process.
- Over time the new inspection process and tools will lead to increased consistency and thoroughness in inspections, as well as increased knowledge among providers regarding regulations. The continuous quality improvement process will be designed such that inspection data will be monitored over time and data gathered will provide evidence of these improvements. Improved compliance will lead to improved safety for children.

Assessing effectiveness of the tool will require ongoing examination; however, there are some promising results from the pilot data indicating that the tool is effective in assessing overall facility health. For example, there was a high degree of compliance in all domains. Additionally, inter-rater reliability was acceptable in the pilot. Effectiveness will require further evaluation in the continuous quality improvement process in order to determine the actual accuracy of the inspection results.

### **A. Post-Pilot Recommendations to Improve Inspection Effectiveness**

LPAs and LPMs gave several specific recommendations to improve the inspection tool and process, which were addressed in subject matter expert (SME) workgroups in February 2020, and are being addressed in subsequent revisions of the tools. The SME workgroups rated regulations/statutes on a risk scale which will help to identify key indicators. Key indicators will be included in the revised versions of the tools. This identification was based on the impact the regulation/statute has on health and safety (as rated by SMEs), as well as the frequency of citations and advisory notes associated with the regulation/statute. Recommendations were also provided regarding reducing redundancy in the tools, and in improving inspection flow. Continuous quality improvement will involve consistent monitoring regarding which regulations/statutes should be maintained on the tool, and whether any should be added or deleted. This will help ensure continuous assessment of overall facility health. Moving forward, a plan will be developed to create ongoing assessment of reliability and scientific validity for all programs.

The following sections provide further details on specific qualitative and quantitative findings from the CCP pilot. The findings are organized under key headings that outline the long-term goals of the inspection process. These long-term goals include consistency and thoroughness, effectiveness and efficiency, prevention, and compliance.



### III. Consistency

The goal of consistency was examined in several ways during the CCP pilot. Both LPAs/LPMs and licensees provided feedback on these aspects of the inspection process. Additionally, consistency was systematically examined through the use of shadow inspectors, allowing for the evaluation of inter-rater reliability. Lastly, LPA and LPM response changes on the inspection tool were examined. Specific results regarding these pieces of data are described below.

#### A. Promising Results

##### LPA Feedback on Consistency

**Key Point:** Having the full text of regulations/statutes available led LPAs and LPMs to increased consistency between their own inspections.

While the open-ended data from LPA/LPM post-inspection surveys and focus groups cannot objectively determine if LPAs and LPMs were consistent with one another, it did examine whether LPAs and LPMs thought they were consistent with their own practices at different facilities. Six LPAs noted in surveys or during the focus groups that they thought the tools helped increase their consistency as well as licensees' perceptions of LPA consistency. As one LPA stated about the new tool: "it makes the citations more clear and gives you consistency." The primary reason for their belief that the tools increased consistency was due to having the full regulation/statute text available. As a second LPA explained, "the tool will hold LPA's accountable in having to directly identify compliance with the specific regulation as written in Title 22." A third noted that "the checklist gave licensees the confidence in me that I am not being subjective. It took the debate out of the visit."

##### Licensee Feedback

**Key Point:** Overall, licensees were quite pleased with the transparency and consistency of the new tools.

Licensees also completed a post-inspection survey; however, since it was voluntary, it was not completed by all licensees who were inspected during the pilot. There were 100 total responses on the licensee survey, which is a 37.6% response rate. Of that 100, 11 respondents did not provide usable data due to almost all questions being left unanswered. For the remaining 89, 13 licensees asked for the survey in Spanish and thus did not complete the English version. This resulted in 76 English surveys with usable data. Eight of the 13 who asked for a Spanish survey did complete the survey in Spanish. However, two of those eight did not provide usable data (almost all survey questions were left blank), leaving a total of six complete Spanish surveys. The combined total number of usable licensee surveys was 82. The following results are derived from those 82 licensees. Not all licensees answered every question; thus, some table totals are less than 82.



Table 5, below, gives results for when licensees were asked if they were aware of the revised inspection process prior to the pilot inspection. There were 27 licensees (32.93%) who said they were aware of it and 54 (65.85%) who said they were not. (One licensee did not respond to this question.) Given the low rate of licensees who said they were aware of the new inspection process, and that some LPAs mentioned during the focus groups that their offices made extra efforts to reach out to licensees, going forward it may be useful for CCLD to investigate the most effective communication methods for licensees.

**Table 5. Licensee Awareness of the New Inspection Process**  
**Were you aware of the new inspection process?**

Response Options	Raw Percent	Frequency
Yes	32.93%	27
No	65.85%	54
No answer	1.22%	1
Total	100.00%	82

Table 6, below, provides information regarding how licensees became aware of the revised inspection process prior to the pilot inspection. Six licensee survey respondents said they heard of it from their provider organization, 7 said they heard it from the CCLD Regional Office/LPA, 7 indicated they heard it from the CCLD website, 8 from the CCLD quarterly update, and 2 from some other way. There was some overlap in responses, as licensees were asked to check all that applied to how they heard about it.

**Table 6. Licensee Acquisition of Knowledge Regarding the New Inspection Process**  
**How did you find out about the new inspection process? Check all that apply.**

Response Options	Raw Percent	Frequency
Provider Organization	22.22%	6
CCLD Regional Office/LPA	25.93%	7
CCLD Website	25.93%	7
CCLD Quarterly Update	29.63%	8
Other <sup>7</sup>	7.41%	2

<sup>7</sup> Licensees who responded to this question chose multiple options, so percentages add up to more than 100% and frequency to more than 27, the number of licensees who were aware of the new process.



Licensees were also asked about the revised inspection process. As Table 7, below, shows, almost all of the licensees reported that they found the new process at least somewhat helpful. Further, 76.25% found the process either quite or extremely helpful, providing support for consistency in the inspection process.

**Table 7. Licensee Responses to the New Inspection Process**  
**Did you find the revised inspection process helpful?**

Response Options	Raw Percent	Frequency
Extremely helpful	40.00%	32
Quite helpful	36.25%	29
Somewhat helpful	21.25%	17
Not at all helpful	0.00%	0
N/A	2.50%	2
Total	100.00%	80

Note: Two licensees left this question blank.

Interestingly, the positive reactions noted above appear to be unrelated to whether or not a licensee was cited. Table 8, below, indicates that the number of facilities cited during the pilot was approximately 43%.

**Table 8. Facility Citation Rates**  
**Was your facility cited during this inspection process?**

Response Options	Raw Percent	Frequency
Yes	43.21%	35
No	56.79%	46

Note: One licensee did not answer this question.

Table 9, on the following page, further suggests a consistent response to the new inspection process from licensees who completed the survey. Their experience with the revised inspection process was rated “excellent” by 59.76% of licensees and 36.59% of licensees said that the new inspection process was “good,” giving a combined 96.35% of licensees who had positive experiences with the new process.





**Table 9. Licensee Ratings of the New Inspection Process**  
**How would you rate your experience with the revised inspection process?**

Response Options	Raw Percent	Frequency
Excellent	59.76%	49
Good	36.59%	30
Fair	3.66%	3
Poor	0.00%	0
<b>Total</b>	<b>100.00%</b>	<b>82</b>

Overall, licensee comments in open-ended questions indicated they were pleased with the revised inspection process. For example, one wrote that “I will say in my years in this field it was the best visit. I have had other visits also with no citations but this last one made me feel like I am making a difference and doing a good job running the facility appropriately.” The most common positive comments from licensees related to receiving an increase in support and information about regulations/statutes from LPAs. As one licensee explained, “it was particularly helpful to be able to read and review rules and regulations throughout the visit. The Specialists were very helpful with all questions and were willing to answer all questions that I had.” A second noted that “I felt like I was involved through the whole process. Very informative.” A third exclaimed, “I loved the explanations of each box... I knew exactly what was being checked.”

Many licensees reported being pleased with the consistency of the new inspection process. One licensee explained that the new tool “took out the element of one analyst allowed this but another analyst allowed something different, etc. I believe it will provide consistency in inspections, greater understanding of specific areas and better quality of care.” A second licensee echoed this, explaining in detail how they felt the process “was fair and concise. Because of the checklist, I knew exactly what was expected of every area before the analysts arrived for the unannounced visit. In the past, each analyst looked at different things and I always felt unprepared because I didn't know what the new analyst would ‘ding’ me on. I thought this new process was fair and I didn't feel like they were trying to find anything to cite me on like in the past. I actually felt like we all had the children's best interest at heart and it wasn't ‘us’ against ‘them.’”

Finally, multiple licensees noted that they liked that the new inspection process formally documented the things they were doing well. As one explained “It was good to hear the positive things we are doing and also the areas that we needed to fix. The welfare and safety of the children are our main priorities.” A second noted that they “liked that the tool measures the things we are doing right.” A third said they



“liked the focus on helping us do better rather than trying to find something wrong to write us up for. Positive focus [is] much better than punishing us.”

### Inter-Rater Reliability

In order to determine the consistency in which regulations within the tools are rated, inter-rater reliability testing was conducted. Inter-rater reliability testing measured the level of agreement between two evaluators during the same inspection. To assess inter-rater reliability, 54 inspections were conducted by both a primary LPA and a shadow inspector, who was a Licensing Program Manager (LPM). Although the LPA and shadow inspector completed their inspections simultaneously, the inspections were performed independently in order to provide an objective measure of inter-rater reliability. Data collected from shadow inspectors through their inspections were excluded from all analyses, except with respect to inter-rater reliability analyses.

Inter-rater reliability was measured as a percent of agreement between primary and shadow inspectors in the same facilities, on whether or not the facility was in compliance, or the regulation was not applicable. The primary raters were the LPAs conducting the official inspections, while the LPMs served as shadow inspectors. Percent agreement was computed for regulations and statutes on the standard tool first, both overall and broken down by tool. It was then computed for the domain focused tool when there was a trigger, both overall and by tool. Finally, it was computed again just for regulations and statutes that are common across all tools. Results are shown in Table 10.

A minimum acceptable level of agreement is approximately 70% (Whitley & Kite, 2013<sup>8</sup>). Table 10, on the following page, shows that the Infant, Preschool, and School Age Tools were all well above this threshold, demonstrating a high level of agreement. For the standard tool, the FCCH was comfortably above this threshold as well. Although, for the domain focused tools, the FCCH was a bit lower, dipping down to 64.7%. Upon further examination of the data in the FCCH tool, it appears that many of the disagreements result from differences in regulations rated as N/A and regulations left blank. For example, 10.8% of all the ratings on the FCCH tool are cases where the LPA rated the regulation as Yes, No, or N/A and the shadow rater left it blank. This clearly points to a need for further training on what is applicable or not in the inspection process. Blanks are likely an indication that something was not triggered, which also points to a concern about consistency in citations given. In addition, there were 14.2% of ratings in which the primary LPA rated the regulation as yes or no, but the shadow rater rated the regulation as N/A

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<sup>8</sup> Whitley, B. E., & Kite, M. E. (2013). *Principles of research in behavioral science* (3<sup>rd</sup> ed). New York: Routledge.



**Table 10. Percent Agreement between Primary and Shadow Inspectors**

Tool	Standard	Domain Focused	Common
FCCH Tool	78.9%	64.7%	--
Infant Tool	93.4%	90.5%	--
Preschool Tool	82.7%	97.2%	--
School Age Tool	88.6%	98.4%	--
Total	85.0%	81.6%	86.6%

**LPA Response Changes**

**Key Point:** Overall, there were very few times where LPAs and LPMs changed the type of citation during an inspection. Out of 539 citations and advisory notes issued, across all inspections and LPA entries, there were 85 times (15.8%) that any change was recorded.

The inspection tool software tracked LPA responses, including recording the number of times LPAs switched from recording one type of citation or advisory note to another, and the actual keystroke associated with the change. This provided data on how often LPAs changed the citation/advisory note type, as well as what the actual changes were.

Table 11, below, provides information on the number of times different types of changes occurred.

**Table 11. LPA Response Changes**

Type of Change	Total Frequency	Percent
Deficiency changed to a lower degree citation	37	6.9%
Deficiency changed to a higher degree citation	28	5.2%
Multiple switches back and forth	20	3.7%
SUM	85	15.8%

As seen in Table 11, the total number of times LPAs switched the citation type was relatively low, given that 539 citations were issued during the pilot inspections. For 6.9% of the response changes, LPAs changed a higher-level citation to one that was a lower level. This includes changes from a Type A to Type B, Type B to Technical Violation (TV), or TV to Technical Advisory (TA). LPAs switched from a lower citation/advisory to a higher one in 5.2% of the changes; for example, changing a Type B to a



Type A, or a TV to a Type B. Lastly, it is important to note that there were 20 instances in which LPAs changed their response multiple times. These multiple changes all resulted in the LPA ultimately issuing the same citation/advisory note as the original one they chose. For example, in one instance the changes appeared as follows: TA, A, B, TV, TA, TV, TA. Despite the LPA having changed the citation/advisory six times, this LPA ultimately gave a TA, which is what the initial choice was. It is difficult to say whether multiple changes were intentional or accidental. Overall, there were very few changes and the changes that were recorded do not reveal a pattern in the inspection process. Thus, these types of changes observed in the pilot do not elicit concerns about consistency.

### B. Challenges

**Key Point:** For LPAs and LPMs, regulation/statute redundancies decreased consistency. Furthermore, issues with new hardware are likely to decrease inspection consistency.

One challenge that LPAs and LPMs noted in the open-ended questions and focus groups was unclear and/or duplicate regulations in the tools. When asked what about the inspection tools made the process more difficult, one LPA said they were concerned about “redundant regulations with no reference point. Having to look up regs to know what they are referencing.” A second wrote in the survey that some regulations/statutes “didn't clarify what they were talking about (you had to look up to ensure that you knew what you were assessing).” There are several regulations/statutes which directly reference other regulations/statutes by section number only; it is likely LPAs and LPMs are referring to this.

#### Technical Challenges

The intention of the new process is that each LPA should be using the inspection tool and the hardware in the same way. Questions about ease of use of the hardware can provide some insight into whether or not it will be consistently used. If the hardware is difficult to use, LPAs are likely to create ways to work around the difficulties, which will be individualized and thus reduce consistency. Hardware concerns such as ease of carrying the tablet and ease of typing notes could indirectly affect consistency. Table 12 provides LPAs ratings regarding how easy it is to carry the tablet.

#### Hardware

Table 12, on the following page, provides a summary of responses regarding how LPAs/LPMs viewed the ease or difficulty of carrying the tablet during the inspection process. This item was responded to 287 times as indicated by the total value in column 2 of the table. It is important to note that in this table (and all other tables in this report that quantify LPA/LPM responses on the post-inspection survey) the ‘Raw Percent’ column refers to how many times that option was selected over multiple inspections. It does not tell us what percent of individual LPAs and LPMs provided that response option. The ‘Standardized Percent’ column provides the percentage, out of 11, of LPAs/LPMs that gave the specific response. The column labeled ‘Number of LPA/LPMs’ provides the specific count of different LPAs/LPMs that gave that response at least one time when completing the post-inspection survey. The



difference between the Raw Percent column and Standard Percent column is why the data is adjusted to reflect the percent of LPAs and LPMs who selected particular responses, versus the Raw Percent column which shows how often each response option was selected. One LPA completing the survey multiple times could sway the data; thus, it is crucial to use the Standardized Percent column when considering what percent of LPAs and LPMs responded in particular ways to any of the ranked choice questions on the LPA/LPM post-inspection survey.

**Table 12. Carrying the Tablet**  
**Please rate the ease-of-use and/or difficulty of carrying the tablet.**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Easy	8	2.79%	3/11	5.77%
Somewhat Easy	40	13.94%	6/11	14.16%
Somewhat Difficult	92	32.06%	9/11	34.08%
Very Difficult	113	39.37%	7/11	35.99%
Not Applicable	34	11.85%	2/11	10.00%
Total	287	100.01%		100.00%

LPA/LPMs completed the survey multiple times; thus “RP” Raw Percent column indicates how many times a response was given out of all completed surveys. To determine what percent of LPA/LPMs responded in a particular way, refer to the weighted “SP” Standardized Percent column.

As seen in Table 12, above, the most frequent responses were that it was “somewhat” difficult (34.08%) and “very” (35.99%) difficult to carry the tablet. There were 113 times that LPAs/LPMs said it was very difficult to carry the tablet. The raw percent of this is  $113/287 = 39.37\%$ . However, the next column tells us that 7 different LPAs checked that response option at least once, which is 35.99%.

The data in Table 13, on the following page, demonstrate that typing notes was rated as “somewhat” or “very” difficult by 63.82% of LPAs/LPMs. It is also worth noting that 10% of LPAs/LPMs indicated that carrying the tablet was not applicable. This indicates the need to gather further information regarding why and when an LPA would not be carrying the tablet with them during the inspection process.

**Table 13. Typing Notes****Please rate the ease-of-use and/or difficulty of typing notes.**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Easy	5	1.74%	2/11	3.57%
Somewhat Easy	40	13.89%	7/11	23.23%
Somewhat Difficult	29	10.07%	7/11	8.18%
Very Difficult	180	62.50%	8/11	55.64%
Not Applicable	34	11.81%	4/11	9.37%
Total	288	100.01%		99.99%

Use of the scroll bar and touchscreen were both most frequently rated as “somewhat easy”. However, as seen in Tables 14 and 15, below, there were a number of respondents that also indicated that the scroll bar and touchscreen were “somewhat” or “very” difficult. For example, in Table 14, below, out of the 11 LPAs and LPMs that completed the survey, 5 of them said using the scroll bar was somewhat difficult at least one time. It should be noted however, that the standardized percent value is only 4.89%

**Table 14. The Scroll Bar****Please rate the ease-of-use and/or difficulty of using the scroll bar.**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Easy	34	11.81%	5/11	17.90%
Somewhat Easy	157	54.51%	10/11	58.25%
Somewhat Difficult	19	6.60%	5/11	4.89%
Very Difficult	77	26.74%	3/11	18.69%
Not Applicable	1	0.35%	1/11	0.28%
Total	288	100.01%		100.01%

LPA/LPMs completed the survey multiple times; thus “RP” Raw Percent column indicates how many times a response was given out of all completed surveys. To determine what percent of LPA/LPMs responded in a particular way, refer to the weighted “SP” Standardized Percent column.



**Table 15. The Touchscreen**  
**Please rate the ease-of-use and/or difficulty of using the touchscreen.**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Easy	48	16.67%	5/11	23.86%
Somewhat Easy	168	58.33%	10/11	58.90%
Somewhat Difficult	17	5.90%	4/11	4.37%
Very Difficult	55	19.10%	2/11	12.87%
Not Applicable	0	0.00%	0/11	0.00%
Total	288	100.00%		100.00%

LPA/LPMs completed the survey multiple times; thus “RP” Raw Percent column indicates how many times a response was given out of all completed surveys. To determine what percent of LPA/LPMs responded in a particular way, refer to the weighted “SP” Standardized Percent column.

### **Open-ended Responses Regarding the Hardware**

Seven LPAs expressed concerns that the tablet was too heavy. Many said it was difficult to carry throughout the entire inspection. One LPA noted that “carrying the tablet creates wrist pain.” Related to this, 2 LPAs noted that carrying the tablet in spaces with children present was challenging. As one explained, “I inspected an infant and toddler section of the classroom. Having the tablet in my hand to navigate the inspection was difficult. I think using the tablet at the end when writing the report would be efficient.” Additionally, some of the LPA and LPMs’ and licensees were concerned about how the tablet impacted their interactions during the inspection. For example, one licensee explained that the LPA “was on her computer the whole time. Because of that, there was really no eye contact.”

Five LPAs thought that the tool’s font was too small. One said that “when I’m in the tool I need my reading glasses as writing is so small.” A second suggested that the font “should be 12 point.” Given these statements, it will be important in training to emphasize to LPAs that the font size of the tool can be changed and make sure they know how to do that. Similarly, 4 LPAs explained that it was difficult to see the tablet when outside on a sunny day. In one case, an LPA said they had to return indoors before being able to read what was on the screen. Additionally, various glitches were also reported, such as freezing scrollbars, and a stylus that wouldn’t connect, though none of these were consistently reported.



There were very few positive comments related specifically to the tablet and stylus. Two people noted that they liked being able to use the attachable keyboard to type notes, saying it was “easier than using the tablet screen keyboard.” Another person noted that they liked using the stylus “to write notes on the Word document,” finding “it easy to toggle between the applications.”

These issues of difficulty using the hardware can be addressed in future subject matter expert (SME) workgroups and training. Additionally, it could be argued that the more inspections an LPA does, the more they will find the use of the hardware to become easier. The post-inspection surveys were not set up to examine changes over time in LPA responses. However, this can be addressed by the continuous quality improvement process. Appendix B provides a short summary of activities and findings resulting from a SME workgroup held by CSUS in February 2020. During this workgroup, CSUS began work with SMEs on problem solving around tool hardware and software issues.

## IV. Thoroughness

Consistency and thoroughness are linked in CDSS goals for the new inspection process. Thoroughness was examined through LPAs/LPMs and licensees provided feedback on the inspection process. Specific results regarding these pieces of data are described below.

### A. Promising Results

**Key Point:** Most LPAs and LPMs thought the new inspection tools contributed to a more thorough inspection.

Table 16, on the following page, shows that over half the LPAs and LPMs, 62.2% thought the new inspection process was “very” or “somewhat” effective.



**Table 16: LPA/LPM Perceptions of Effectiveness**

**Compared to previous inspection methods, how would you rate the effectiveness of the new inspection tool (e.g., it's success in supporting a thorough inspection)?**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very effective	33	11.46%	6/11	8.16%
Somewhat effective	123	42.71%	10/11	54.04%
No change/About the same	85	29.51%	7/11	22.84%
Not very effective	23	7.99%	5/11	8.33%
Not at all effective	24	8.33%	2/11	6.62%
Total	288	100.00%		99.99%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

LPAs and LPMs responded to a variety of questions related to the thoroughness of the inspection tools. Table 17, on the following page, reflects the responses from LPAs and LPMs when asked if they felt the new inspection tool contributed to a more or less thorough inspection.





**Table 17. LPA/LPM Perceptions of Pilot Inspection Thoroughness**  
**Did the new inspection tool contribute to a more or less thorough inspection?**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
A much more thorough inspection	31	10.76%	3/11	7.67%
A somewhat more thorough inspection	142	49.31%	10/11	58.67%
No change/About the same	75	26.04%	6/11	20.68%
A somewhat less thorough inspection	17	5.90%	3/11	7.14%
A much less thorough inspection	23	7.99%	2/11	5.83%
Total	288	100.00%		99.99%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

As seen in the Raw Percent (RP) column, 49.31% of responses indicated that the tool contributed to a “somewhat more thorough inspection.” The Standardized Percent (SP) column tells us that out of the 8 LPAs and 3 LPMs who participated in the pilot, 58.67% of them thought the tool contributed to a “somewhat more thorough inspection.”

It is promising that more than half of the LPAs and LPMs, 66.34%, reported that they felt the inspection process was either “much more” or “somewhat more” thorough; however, only 7.67% thought the inspections were “much more” thorough. As the pilot tools had many more regulations/statutes than the KIT inspections, this is a little lower than we would like to see for the pilot tool. Indeed, 20.68% of LPAs and LPMs thought there was no change in inspection thoroughness, and 12.97% thought the new inspection process was “somewhat less” or “much less” thorough. Thoroughness will continue to be evaluated in the continuous quality improvement process. It will be useful to see if this changes as the tools are launched.

LPAs and LPMs were also asked to rate the thoroughness of each domain in the standard tool. Overall, when ranking individual domains, the response most given was “somewhat thorough” and the second most frequent response was “very thorough.” (A complete list of tables related to each





individual domain can be found in Appendix C) One example of this is in the Physical Plant domain. LPA and LPM responses regarding the thoroughness of the Physical Plant domain are as follows in Table 18, below.

**Table 18. LPA/LPM Perceptions of Thoroughness in the Physical Plant Domain**  
**With respect to the standard inspection tool, did the regulations in the following domains support a thorough review of the subject areas (Physical Plant)?**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very thorough	80	27.97%	7/11	34.87%
Somewhat thorough	173	60.49%	9/11	54.26%
Not thorough enough	10	3.50%	2/11	3.65%
Not at all thorough	23	8.04%	2/11	7.22%
TOTAL	286	100.00%		100.00%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

In Table 18, above, there is a marked difference between the raw percent (27.97%) and the standardized percent (34.87%) for the “very thorough” response. Also notable is the difference between the number of responses and the number of LPAs and LPMs who selected the “not at all thorough” option. Although this response was selected 23 times, only 2 different LPAs had selected it. Thus, overall, LPAs and LPMs rated the new tool to be thorough.

A similar pattern emerges when looking at responses regarding how thorough the Staffing Ratio & Capacity domain was, in Table 19, below. Again, most LPAs and LPMs, 86.49%, felt the domain was either “somewhat” or “very” thorough. Although there are 26 responses indicating the domain is not at all thorough, Table 19 reveals that all 26 of those responses came from 2 LPAs.



**Table 19: LPA/LPM Perceptions of Thoroughness in the Staffing Ratio & Capacity Domain**  
**With respect to the standard inspection tool, did the regulations in the following domains support a thorough review of the subject areas (Staffing Ratio and Capacity)?**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very thorough	68	23.94%	8/11	33.33%
Somewhat thorough	176	61.97%	9/11	53.16%
Not thorough enough	14	4.93%	3/11	4.97%
Not at all thorough	26	9.15%	2/11	8.54%
TOTAL	284	99.99%		100.00%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

LPA and LPM responses regarding the thoroughness of the other nine domains were similar. Tables for each of those can be found in Appendix C.

In addition to providing responses regarding the thoroughness of the domains in the standard tool, LPAs and LPMs were also asked a series of questions regarding the thoroughness of the domain focused tools. Table 20, on the following page, shows that most, 89.84% LPA/LPMs, thought the regulations were “definitely,” “mostly,” or “somewhat” relevant. In order to address relevancy of the regulations, SME workgroups held in February 2020 included getting SME ratings on regulations they felt should be kept or removed from the tool. (See Appendix B.)



**Table 20: LPA/LPM Perceptions of Relevancy of Domain Focused Tool**  
**Were all of the questions within the domain focused tool relevant to the domain?**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Yes, they were all definitely relevant	7	4.83%	5/11	8.62%
Yes, they were mostly relevant	67	46.21%	9/11	48.61%
They were somewhat relevant	52	35.86%	8/11	32.61%
No, they were mostly irrelevant	8	5.52%	2/11	4.28%
No, they were definitely irrelevant	11	7.59%	2/11	5.88%
Total	145	100.01%		100.00%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

LPAs and LPMs were also asked about the thoroughness of each domain within the domain focused tool. As with the standard tool, the most frequent response option given was “somewhat thorough,” followed by “very thorough” as the second most frequent response given in all the domains. For example, Table 21, on the following page, provides responses for the domain Children’s Records:

**Table 21. LPA/LPM Perceptions of the Children's Record Domain**

**With respect to the Domain Focused inspection tool, did the regulations in the following domains support a thorough review of the subject areas? (Children's Records)**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very thorough	45	36.29%	6/11	24.59%
Somewhat Thorough	62	50.00%	10/11	57.76%
Not thorough enough	4	3.23%	1/11	2.14%
Not at all Thorough	5	4.03%	1/11	2.67%
Domain Focused Tool Not Triggered	8	6.45%	2/11	12.83%
Total	124	100.00%		99.99%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

It should be noted here that it was generally one LPA giving the response that the domain was not thorough enough or not at all thorough on the various domains. Tables for the rest of the LPA/LPM responses to the domain focused tools can be found in Appendix C.

### **Open Ended Responses**

As reflected in the results from the ranked choice questions, in both the open-ended survey responses and during the focus groups, LPAs and LPMs believed that the new tools “help[ed] to promote a more thorough review of the facility.” One even noted “it was super thorough.” While thoroughness was mentioned in various ways throughout the focus group discussions, specifically, one LPA said the new inspection process provided “an accurate reflection of their deficiency” to which a second replied saying it “was very thorough.” Another LPA noted that they thought “we issued more advisories based on the thoroughness of the tool.” Additionally, some LPAs and LPMs said the tools promoted more thorough inspections because of features in the tools. For example, one LPA said, “[I] liked that the tool does take the LPA on a deeper dive when there are two or more type B deficiencies. In this visit, it was determined the facility had many physical plant issues that needed to be address[ed] during the inspection.”



Five LPA/LPMs thought the tools led to more thorough inspections because the actual regulation/statute text was available and easily accessible. As one LPA explained during a conversation in a focus group, “it exposes you to regs you don’t see every [visit].” Another mentioned that “the tool makes every visit comprehensive. I can see the licensee feels like we are looking for everything.” Three LPAs also noted that having the text of the regulations/statutes available increased their confidence. For example, one said, “this tool made me feel more confident. It made me more detailed. My reports changed by addressing more than what I did before. This made me more confident and more stronger as an LPA. This system will help them learn regs quickly. In this tool, it is just right there.”

### B. Challenges

**Key Point:** Some licensees were concerned about increased inspection times, likely the result of the more thorough inspection process.

For licensees, the most frequently voiced concern, mentioned by 10 individuals in their responses to open-ended survey questions and also reflected in the ranked choice questions, was the length of time it took to complete the inspection. However, as this is a new process, this is not completely unexpected; as mentioned earlier, 65.85% of licensees who responded to the survey were not aware of the new inspection process. One licensee noted “the process was too long which caused a longer disruption in our daily schedule.” A second echoed this, saying “it was extremely long and it took away from my job that needed to be done.” Two licensees said that the inspection process took more than 6 hours to complete. Another licensee, with respect to the interview, pointed out that “some of the questions didn’t apply to our preschool license.” The increased thoroughness of the inspection was also challenging for one licensee, who explained “I was cited for certain things that I have never been informed about before. I’ve been licensed for 22 years. I realize it is my responsibility, but it would be nice if every inspector was on the same page.” It is possible that other licensees, like this individual, who are very familiar with the old inspection process will express concerns that the new inspection process is significantly different. Licensees were asked if they felt the revised inspection process took a reasonable length of time to complete compared to previous inspections. Table 22, on the following page, provides specific data on the licensees’ rank choice responses regarding the length of the inspection.



**Table 22. Licensee Perceptions of Length of Time for Inspection Completion**  
**Do you feel that the revised inspection process took a reasonable length of time to complete compared to previous inspections?**

The inspection process was:	Raw Percent	Frequency
Much too short	0.00%	0
A little too short	0.00%	0
Adequate	74.65%	53
A little too long	11.27%	8
Much too long	14.08%	10
Total	100.00%	71

Ensuring thoroughness in the inspection process and issues with the length of time for an inspection are also related to efficiency, which is another main goal of the new inspection procedure. Efficiency is addressed in the following section of the report. It will be important to ultimately strike a balance between thoroughness and efficiency. Determining how exactly to do this will require careful monitoring of the inspection process as the new tools are launched.

## V. Efficiency

**Key Point:** LPAs and LPMs found using the new tool less efficient and more challenging than KIT inspections.

Efficiency of the tool was an important aspect of the pilot study given that the pilot inspection tool was much longer than the previously used tool. Efficiency was assessed with measures of inspection length and data entry times. In addition, some questions on the LPA/LPM and licensee post-inspection surveys assessed efficiency and effectiveness.

### A. Promising Results

Both qualitative and quantitative information from the pilot data provide promising results regarding inspection process efficiency. One is the finding that, despite the fact that the pilot inspection tool was much longer than previously used inspection tools, all of the inspections were completed in one day. This suggests that an inspection can be accomplished with efficiency. A second promising finding is that many regulations/statutes were consistently marked as N/A by LPAs and LPMs. This suggests areas in which regulations/statutes can be evaluated for removal from the revised inspection tools.



Table 23, below, provides a listing of regulations/statutes for each tool that were most frequently cited as “N/A” for the tool. A cutoff value of 70% was used, such that if a regulation/statute was cited 70% or more of the time as N/A, it is listed in the table. This table is sorted by tool in descending order, such that the highest frequencies of N/A ratings are at the top. The last column in this table provides the frequency of the N/A rating out of 283 inspections. Thus, for the first row, section 102417(g)(4)(B)1 was rated as N/A on 135 out of 153 inspections using the FCCH Tool, or 88.2% of the time. In the first row of the Infant Tool, section 101417(a) was rated as N/A on 23 out of 27 inspection using the Infant Tool, or 85.2% of the time. It is possible that these regulations may be removed from the revised inspection tools, however we caution that regulation removal should be subject to the terms outlined in the CQI process in Section VIII of this report.

**Table 23. Regulations Most Frequently Reported as N/A for Each Tool**

Tool	Domain	Regulation/ Statute Code	Regulation/Statute Language	Frequency of N/A Rating
FCCH Tool	Physical Plant	102417(g)(4)(B)1	1. Firing pins shall be stored and locked separately from firearms.	135
	Physical Plant	102417(g)(4)(C)	(C) Ammunition shall be stored and locked separately from firearms.	129
	Physical Plant	102417(g)(4)(B)	(B) In lieu of locked storage of firearms, the license may use trigger locks or remove the firing pin.	127
	Physical Plant	102417(g)(5)(B)	(B) Where an above-ground pool structure is used as the fence or where the fence is mounted on top of the pool structure, the pool shall be made inaccessible when not in use by removing or making the ladder inaccessible or erecting a barricade to prevent access to decking. If a barricade is used, the barricade shall meet the requirements of Section 102417(g)(5)(A).	127





## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Regulation/ Statute Code	Regulation/Statute Language	Frequency of N/A Rating
FCCH Tool	Physical Plant	102417(g)(5)(A)	(A) Fences shall be at least five feet high and shall be constructed so that the fence does not obscure the pool from view. The bottom and sides of the fence shall comply with Division 1, Appendix Chapter 4 of the 1994 Uniform Building Code. In addition to meeting all of the aforementioned requirements for fences, gates shall swing away from the pool, self-close and have a self-latching device located no more than six inches from the top of the gate. Pool covers shall be strong enough to completely support the weight of an adult and shall be placed on the pool and locked while the pool is not in use.	114
	Physical Plant	102417(g)(5)	(5) All licensees shall ensure the inaccessibility of pools (in-ground and above-ground), fixed-in-place wading pools, hot tubs, spas, fish ponds and similar bodies of water through a pool cover or by surrounding the pool with a fence.	105
Infant Tool	Toddler Component	101417(a)	(a) Licensees serving infants may create a special program component for children who are between 18 months and 36 months of age. The provisions of Sections 101151 through 101239.2 and 101351 through 101439.1 shall apply to infant care centers operating a toddler component in addition	23





## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Regulation/ Statute Code	Regulation/Statute Language	Frequency of N/A Rating
Infant Tool			to those specified in Health and Safety Code section 1596.956.	
	Toddler Component	101417(a)(1)	(1) The infant care center shall obtain written permission from the child's authorized representative for the placement of the child in the toddler program.	23
Preschool Tool	Toddler Component	101216.4(a)	(a) Licensees serving preschool-age children may create a special program component for children who are between 18 months and 36 months of age. The provisions of Sections 101151 through 101239.2 shall apply for children over 24 months in addition to those specified in Health and Safety Code section 1596.955. The provisions of Sections 101351 through 101439.1 shall apply for children between the ages of 18 and 24 months participating in a preschool toddler component in addition to those specified in Health and Safety Code section 1596.955.	64
	Toddler Component	101216.4(a)(1)	(1) A child who is between 18 months and 36 months of age may participate in the toddler program with written permission from the child's authorized representative. No child in the toddler program shall be placed in the preschool program before the age of 30 months without written permission from the child's authorized representative.	64



## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Regulation/ Statute Code	Regulation/Statute Language	Frequency of N/A Rating
Preschool Tool	Toddler Component	101216.4(a)(2)	(2) The toddler program shall be conducted in areas physically separate from those used by older or younger children. Space planning and usage for the toddler component shall be governed by the provisions of Section 101438.3. Plans to alternate use of outdoor play space must be approved by the Department.	64
	Staffing Ratio & Capacity	101216.5(a)	(a) Parent-cooperative centers shall employ a full-time teacher in addition to the director and participating parents when the number of children reaches 25.	59
	Staffing Ratio & Capacity	101216.5(b)	(b) There shall be at least one staff member or participating parent present for each five children in attendance.	55
School Age Tool	Staffing Ratio & Capacity	101216.5(a)	(a) Parent-cooperative centers shall employ a full-time teacher in addition to the director and participating parents when the number of children reaches 25.	21
	Staffing Ratio & Capacity	101216.5(b)	(b) There shall be at least one staff member or participating parent present for each five children in attendance.	21
	Physical Plant	101238(e)	(e) All licensees shall ensure the inaccessibility of pools, including swimming pools (in-ground and above-ground), fixed-in-place wading pools, hot tubs, spas, fish ponds or similar bodies of water, through a pool	21



Tool	Domain	Regulation/ Statute Code	Regulation/Statute Language	Frequency of N/A Rating
School Age Tool			cover or by surrounding the pool with a fence.	
	Physical Plant	101239(c)	(c) Fireplaces and open-faced heaters shall be made inaccessible to children to ensure children's safety.	20
	Physical Plant	101239(c)(1)	91)The use of a fireplace screen or similar barrier will meet this requirement.	20

While LPAs and LPMs often said the new tool was less efficient, as seen in Section IV, they did note that it was effective in supporting a thorough inspection.

### B. Challenges

#### Time Spent During Inspections

**Key Point:** A majority of LPAs and LPMs thought that time spent during pilot inspections was adequate or slightly longer than previous inspections. Inspection data indicates that inspections typically took from 2 to 2½ hours, though some inspections took up to about 2 times as long.

Time was a significant challenge LPAs and LPMs faced in the field with the new tools. This is not unexpected, as they were learning a new inspection process, new software, and new hardware. The LPA/LPM post-inspection survey specifically addressed efficiency. Table 24, on the following page, looks at LPA and LPM perceptions of time spend on pilot inspections.



**Table 24: LPA/LPM Perceptions of Time Spent on Pilot Inspections as Compared to KIT Inspections**  
**Compared to previous KIT inspections you've performed, do you feel that the new inspection tool took a reasonable length of time to complete?**

The inspection process was:	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Definitely too long	12	8.51%	4/10	6.64%
Somewhat too long	54	38.30%	9/10	39.52%
Adequate	75	53.19%	10/10	53.84%
Somewhat too short	0	0.00%	0/10	0.00%
Definitely too short	0	0.00%	0/10	0.00%
TOTAL	141	100.00%		100.00%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

We see this trend even more clearly in Table 25, on the following page, which indicates that 67.33% of LPAs and LPMs found the inspection either “definitely” too long or “somewhat” too long.



**Table 25: LPA/LPM Perceptions of Time Spent on Comprehensive Inspections with New Tools**  
**Compared to previous comprehensive inspections you've performed,**  
**do you feel that the new inspection tool took a reasonable length of time to complete?**

The inspection process was:	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Definitely too long	16	11.03%	4/11	10.59%
Somewhat too long	76	52.41%	10/11	56.74%
Adequate	53	36.55%	9/11	32.67%
Somewhat too short	0	0.00%	0/11	0.00%
Definitely too short	0	0.00%	0/11	0.00%
Total	145	99.99%		100.00%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

Time spent in the tool was recorded in two additional ways: With a self-report of time spent and a time tracker in the tool. For the self-report, LPAs were asked to record the time they began the inspection and the time they completed the inspection. Table 26 provides a summary of the median time spent inspecting facilities with each tool, computed by the difference between the self-reported start time and end time for the inspection. Numbers are provided in hours, so 1 is 1 hour, and .5 is one-half hour. The median is used instead of the average because it is less sensitive to skew and outliers in the data, and reflects the point at which 50% of LPAs completed the inspection. For comparison's sake, the numbers in parentheses are the points at which 90% of LPAs completed their inspections.

Table 26, on the following page, is broken down by facility size to look for any trends. Overall, across tools, the medians indicate that inspections typically took from 2 to 2½ hours, and there were no strong trends based on size of facility. The 90<sup>th</sup> percentile values indicate that some inspections took up to about 2 times as long, but still well within a single workday.

**Table 26. Median Self-Reported Time Spent (Hours) Conducting the Inspections**

Tool	Overall	Smaller	Larger
FCCH Tool	1.8 (3.3)	1.8 (3.3)	1.8 (3.4)
Infant Tool	2.5 (5.5)	2.3 (5.5)	2.7 (6.3)
Preschool Tool	2.6 (4.6)	2.5 (4.5)	2.8 (5.1)
School Age Tool	2.5 (4.7)	3.0 (5.3)	2.1 (2.8)
Total	2.1 (4.2)	2.0 (4.1)	2.2 (4.3)

Table 27, below, provides a similar summary of the recorded time spent in the tool, based on an internal time tracker in the tool. The internal clock times are much lower than the self-reported times because the internal clock does not start running when the tool is initially opened. It only records time when the LPA actually clicks on something in the tool. Similar to Table 26, in Table 27 numbers are provided in hours, and the table provides the median value and 90<sup>th</sup> percentile in parentheses.

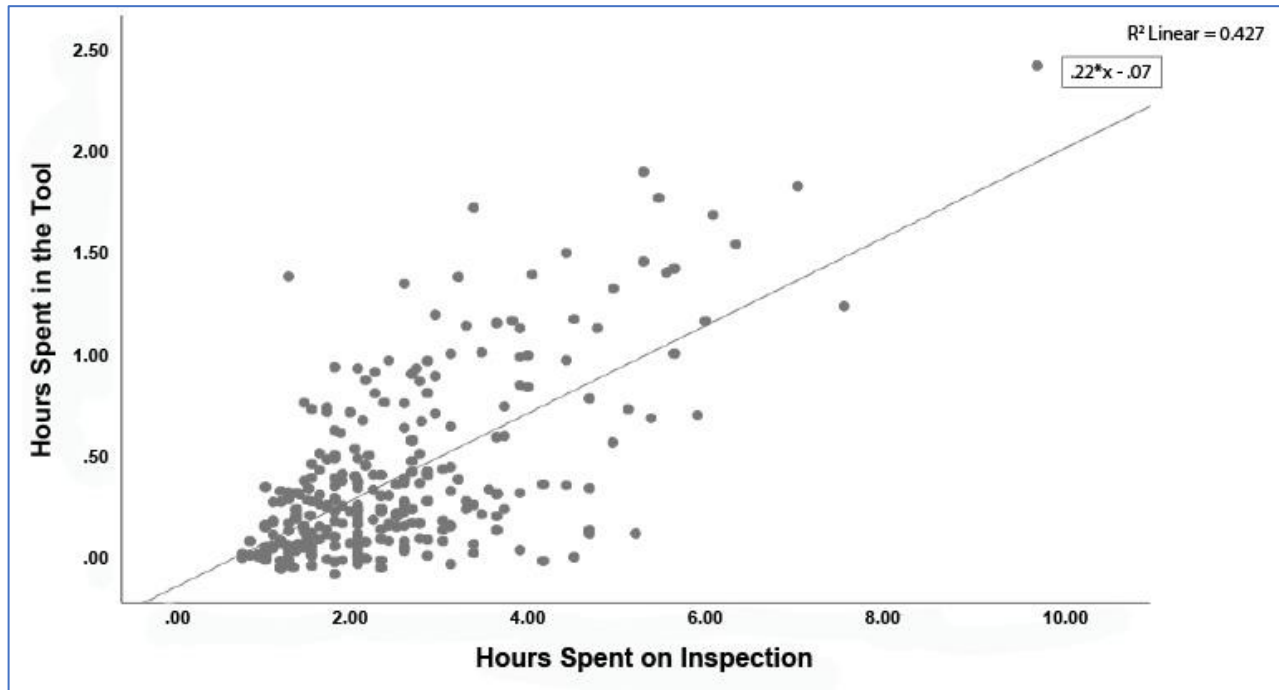
**Table 27. Median Recorded Time Spent (Hours) Using the Tools**

Tool	Overall	Smaller	Larger
FCCH Tool	0.2 (0.7)	0.2 (0.5)	0.3 (0.9)
Infant Tool	0.5 (1.5)	0.5 (1.4)	0.6 (1.8)
Preschool Tool	0.4 (1.3)	0.4 (1.4)	0.4 (1.3)
School Age Tool	0.4 (1.1)	0.5 (1.3)	0.4 (1.2)
Total	0.3 (1.0)	0.3 (1.0)	0.4 (1.2)

The correlation between the self-reported overall time of the inspection and the time recorded by the tool was .65 ( $p < .05$ ) which suggests a fairly strong relationship. As seen in Figure 1, on the following page, while the relationship is not perfect there is clearly a positive linear relationship. The figure demonstrates a consistent relationship between the two values. To estimate the time (in hours) that the internal clock is tracking from overall self-reported length of inspection (in hours), multiply the self-reported length of inspection by 0.22 and subtract 0.07 ( $Y' = 0.22x - 0.07$ ).



**Figure 1. Relationship Between Hours Spent in Tool And Overall Hours Spent on the Inspection**



### Perceptions of Effort

**Key Point:** A majority of LPAs and LPMs thought they extended more effort conducting inspections during the pilot.

The LPA/LPM post-inspection survey compared perceived effort between the use of the new inspection tools to the KITs and previous comprehensive inspections they completed. Table 28, on the following page, shows that when comparing the pilot inspection using the new tools to a previous KIT inspection, a majority, 66.35%, reported that it took a “much” or “somewhat” greater level of effort.





**Table 28: LPA/LPM Perceptions of Effort During Standard Pilot Inspections**  
**Compared to previous KIT inspections you've performed, did the new inspection tool result in a lower or greater level of effort on your part?**

Level of Effort:	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Much greater	16	11.27%	4/10	10.99%
Somewhat greater	89	62.68%	8/10	55.36%
About the same	35	24.65%	8/10	31.13%
Somewhat lower	1	0.70%	1/10	2.00%
Much lower	1	0.70%	1/10	0.53%
Total	142	100.00%		100.01%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

Results were similar when LPAs and LPMs were asked to compare previous comprehensive inspections to the pilot inspection methods, as seen on the following page in Table 29.



**Table 29: LPA/LPM Perceptions of Effort When Domain Focused Tools Were Triggered Compared to previous comprehensive inspections you've performed, did the new inspection tool result in a lower or greater level of effort on your part?**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Much greater	19	13.10%	3/11	9.92%
Somewhat greater	84	57.93%	10/11	60.55%
About the same	41	28.28%	9/11	29.07%
Somewhat lower	1	0.69%	1/11	0.45%
Much lower	0	0.00%	0/11	0.00%
Total	145	100.00%		99.99%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

Given that LPAs and LPMs were learning how to use new software, hardware and new inspection processes during the pilot, it was somewhat expected that LPAs and LPMs would extend more effort during the pilot. The prior inspection kits had much fewer questions and were paper-based so it is not surprising that they reported putting in more effort with the new tools. The CQI process should incorporate a plan for examining how this changes as LPAs continue to adjust to the new tools.

### **Perceptions of Efficiency**

A challenge related to efficiency was found in looking at the ease/difficulty of more specific aspects of the inspection process. Table 30, on the following page, demonstrates that 48.66% of LPAs and LPMs found the inspection flow “somewhat” or “very” difficult. While that leaves 51.34% of LPAs and LPMs who found the inspection flow “very” or “somewhat” easy, this split in responses represents a potential organizational challenge to efficiency as the new tools are adopted.

**Table 30. Flow of the Inspection Process****Please rate the ease-of-use and/or difficulty of the flow of the inspection process.**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Easy	5	1.74%	3/11	3.00%
Somewhat Easy	127	44.10%	10/11	48.34%
Somewhat Difficult	70	24.31%	6/11	19.77%
Very Difficult	86	29.86%	5/11	28.89%
Total	288	100.01%		100.00%

Table 31, below, reflects a similar finding. When asked about the sequencing of the domains, 47.74% of LPAs and LPMs found it “somewhat easy.” For those who reported that the sequencing was difficult, this could improve over time as the LPAs and LPMs get more accustomed to the new tool.

**Table 31: LPA/LPM Opinions on Domain Sequencing****Please rate the ease-of-use and/or difficulty of the sequencing of the domains.**

Sequencing of domains:	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Easy	14	4.86%	4/11	14.74%
Somewhat Easy	148	51.39%	10/11	47.74%
Somewhat Difficult	48	16.67%	7/11	14.72%
Very Difficult	75	26.04%	5/11	22.04%
Not Applicable	3	1.04%		0.76%
Total	288	100.00%		100.00%

LPAs and LPMs were directly asked to rate the efficiency of the new inspection tool compared to previous inspection methods. As seen in Table 32, on the following page, LPAs and LPMs were split about whether they thought the new tool was more or less efficient, as 33.34% found the new tool “somewhat efficient” and 30.86% found the new tool “not very efficient.” Interestingly, for 26.26% of the LPAs and LPMs, there was no change in efficiency with the new inspections.



**Table 32. LPA/LPM Perceptions of Efficiency of the New Inspection Tool**  
**Compared to previous inspection methods, how would you rate the efficiency of the new inspection tool (e.g., your ability to complete the inspection with the least waste of time of effort)?**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very efficient	2	0.69%	2/11	1.60%
Somewhat efficient	38	13.19%	7/11	33.34%
No change/About the same	92	31.94%	7/11	26.16%
Not very efficient	125	43.40%	7/11	30.86%
Not at all efficient	31	10.76%	4/11	8.04%
Total	288	99.98%		100.00%

During the pilot, LPAs and LPMs found the most challenging aspect of the new inspection process to be interacting with people while using the tablet. As seen in Table 33, on the following page, a majority of the LPAs and LPMs, 68.16%, found this to be “somewhat difficult” or “very difficult.” This finding was addressed in the SME workgroups. Through these workgroups, LPAs and LPMs who participated in the pilot, and additional SMEs, helped program, policy, and training staff develop ways to improve interactions with others while utilizing this technology.



**Table 33: LPA/LPM Experiences Interacting While Using the Tablet**  
**Please rate the ease-of-use and/or difficulty of interacting with**  
**people while using the tablet**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Easy	12	4.18%	2/11	9.04%
Somewhat Easy	73	25.44%	6/11	22.79%
Somewhat Difficult	83	28.92%	8/11	22.51%
Very Difficult	119	41.46%	8/11	45.65%
Total	287	100.00%		99.99%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

### Analysis of Open-Ended Efficiency Data

**Key Point:** Redundancies and changes to the inspection flow are key areas for tool improvement.

One challenge that LPAs/LPMs noted in open-ended responses and focus groups was the presence of duplicate/redundant regulations and statutes, as well as regulations/statutes they thought did not fit into the domain in which they had been placed. During focus groups, 9 LPAs/LPMs noted a redundancy in at least one of the following areas: criminal clearance, fingerprints, immunizations, staff records, medications, parent's rights, identification information, emergency ID, pools, guns, fire drill log, and disaster plan. One group of LPAs/LPMs indicated they believed there were additional areas of redundancy, though they were unable to recall specifics and mentioned that an opportunity to look through the tool would help them remember other redundancies.

A suggestion to address redundancies that multiple LPAs/LPMs stated during the focus groups was using the file review portion of inspections to check regulations before arriving at the facility, such as: health and safety, control of property, emergency plans, bodies of water and CPR certifications. LPAs and LPMs also asserted that some of the regulations/statutes on the tool are typically checked pre-licensure, and were therefore not necessary in a tool developed for use in licensed facilities.<sup>9</sup> As one LPA explained, the tool "asks a lot of questions that are already answered during the file review, so if

<sup>9</sup> CSUS was not involved in the pre-licensure process.



we need them, we will just ask for updates.” However, relying on file reviews or regulations checked during pre-licensure could detract from the goal of consistency in the inspection process, unless the file review process is standardized for all LPAs.

Eight LPAs and three LPMs explained in their open-ended comments, as well as during focus groups, that for a variety of reasons the tool made the flow of inspections more difficult. As one LPA noted, “everyone has their own flow and this [new process] does not allow for that.” A second LPA said that “the flow of the inspection was cumbersome and awkward. Navigation through the inspection tool was difficult to say the least.”

LPAs and LPMs gave these explanations for how the new tool disrupted the flow of the inspection:

- Not being able to answer questions (e.g. staffing ratio) until they had visited multiple rooms, “you have to check each classroom before you are able to answer a question.”
- Having to go back and forth to different spaces within a facility (or, alternately, toggle back and forth between domains searching for regulations in order to stay in one space) because of the location of regulations within the domain. One LPA said, “there wasn’t a good flow to how things were set up. So, you wouldn’t be able to go in order.”
- Needing both hands available to measure, open cabinets and otherwise inspect the space but feeling concerned about setting the tablet down in a space with children. Two LPAs expressed this or a similar sentiment in focus groups or surveys.

During focus groups, as well as in their open-ended responses, many LPAs and LPMs noted that they addressed issues with the flow by utilizing workarounds. Notably, during the focus groups, 10 LPAs and LPMs said they did not hold onto the tablet during the entire inspection. Instead, they referred to the tablet and filled in the tool at the end of or intermittently during the inspection. One LPA noted, “it seems that it would be easier to go through walk-thru with licensee and then address items on tablet.” Another explained that “some people think the tablet has to be attached to you. You don’t realize until you are almost at the end and you see you can put it down and then go back and pick it up and go to what you may have missed. We can’t keep it in our hands the whole time.” A third LPA believed that “LPA’s will devise an individual process to conduct the inspection.”

One concern, mentioned frequently, but by only one LPA (significantly, this LPA stated elsewhere that they “didn’t do any workarounds” and used the tablet for the entirety of their inspections) was that the tablet’s battery ran out of power before they were able to complete the inspection. As they explained, the tablet “was full charged prior to conducting this inspection. By 2 pm I noticed my battery was low. Since the tablet is being used through the inspection, the battery life is not adequate.” This comment indicates that if LPAs use the tablet throughout the inspection process it may be necessary for them to charge the device at some point during their visit. Because, as discussed above, there is a possibility that many LPAs were not using the tool throughout the inspection, it will be important during training to



emphasize to LPAs the importance of consistent use of the equipment and tool. Additionally, concerns such as battery power should also be addressed during training.

One additional challenge to efficiency mentioned in both the focus groups and in open-ended questions relates to various features of the tool. The most frequently requested change, mentioned by 5 LPAs, was that the items on the Entrance Checklist should be connected to the tool. One LPA said, “the Entrance Checklist should be linked to the ‘D’ page.” Another LPA suggested that “the Entrance Checklist could auto populate into the rest of the tool,” which was a sentiment echoed by other LPAs and LPMs.

While there were concerns about the amount of time the inspections took, LPAs and LPMs also noted that over time they got used to the process and location of regulations/statutes and the process appeared to become more efficient. When asked if the tool was less efficient, one LPA explained, “maybe in the beginning, but after three months, I feel that this is better than what we had before.” Another LPA agreed, saying that “the regulations were very wordy, but after a while, you got used to it. Also getting used to the locations [of regulations] got easier.”

There were also software and tablet features that LPAs and LPMs believed increased efficiency, including the ability to search regulations/statutes, have the actual text of the regulation/statute available in the tool to show the licensee a regulation or statute in question (as opposed to having to search for the text in the Evaluator Manual), and the auto-population of notes and regulations/statutes on the 809D and LIC 9102 pages. Five LPAs noted this auto-population feature as helping with the efficiency of inspections. As one said, “I cited 3 deficiencies with 4 advisory notes and it is so helpful that the regulations and notes populate on the 809D page and advisory LIC9102 page.”

## VI. Prevention

CDSS utilizes a notice of deficiency and/or an advisory note to document violations and/or assistance provided to a licensee at the time of a facility visit. A notice of deficiency contains Type A and Type B citations, which are violations of licensing requirements that pose an immediate or potential risk to the health, safety or personal rights of a child in care. An advisory note contains Technical Violations (TV) and Technical Assistance (TA) to notate when noncompliance of a regulatory requirement was minor and was corrected during a visit and/or to share an industry best practice with a licensee. TAs and TVs are designed to instruct and educate licensees to improve compliance with licensing requirements, and thus, to prevent violations of such requirements. This structure was programmed into the pilot tools and allowed for all citations and advisories to be individually recorded and tracked.





## A. Promising Results

Table 34, below, lists the regulations/statutes that were most frequently given a Technical Violation (TV) advisory note. There were relatively few TV's; any regulation that was given 2 or more TV's has been listed below.

**Table 34. Regulations/Statutes Most Frequently Issued a Technical Violation Advisory for Each Tool**

Tool	Domain	Regulation/ Statute Code	Regulation/Statute Language	Frequency of TV Rating
FCCH Tool	Facility Administration	1596.8662(b)(1)	(1) On or before March 30, 2018, a person who, on January 1, 2018, is a licensed child day care provider, administrator, or employee of a licensed child day care facility shall complete the mandated reporter training provided pursuant to paragraphs (2) and (3) of subdivision (a), and shall complete renewal mandated reporter training every two years following the date on which he or she completed the initial mandated reporter training.	16
	Records	102418(g)(1)	(1) This requirement includes updating each child's PM 286 (6/95) when the child is due to receive required immunizations after enrollment in the family day care home.	10
	Physical Plant	102417(g)	(g) The home shall be free from defects or conditions which might endanger a child. Safety precautions shall include but not limited to:	7
	Records	1597.622(a)(1)	(1) Commencing September 1, 2016, a person shall not be employed or volunteer at a family day care home if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.	4



## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Regulation/ Statute Code	Regulation/Statute Language	Frequency of TV Rating
FCCH Tool	Records	102417(g)(8)	(8) Each family child care home shall have a current roster of children as specified in Health and Safety Code Section 1596.841.	4
	Facility Administration	1597.622(c)	(c) The family day care home shall maintain documentation of the required immunizations or exemptions from immunization, as set forth in this section, in the person's personnel record that is maintained by the family day care home.	3
	Phys Plant	102417(g)(4)	(4) Poisons, detergents, cleaning compounds, medicines, firearms and other items which could pose a danger if readily available to children shall be stored where they are inaccessible to children.	3
	Phys Plant	102417(g)(4)(A)	(A) Storage areas for poisons, firearms and other dangerous weapons shall be locked.	3
Infant Tool	Children Records	101419.3(a)	(a) The written infant needs and services plan shall be updated at least quarterly, or as often as necessary to assure its accuracy.	2
	Physical Plant	101439.1(e)(1)	(1) Bedding shall be changed daily, or more often if required by (e) above.	2
Preschool Tool	Physical Plant	101238(g)	(g) Disinfectants, cleaning solutions, poisons and other items that could pose a danger if readily available to children shall be stored where inaccessible to children.	3
	Children Records	101229.1(a)(1)	(1) The person who signs the child in/out shall use his/her full legal signature and shall record the time of day.	2



## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Regulation/ Statute Code	Regulation/Statute Language	Frequency of TV Rating
Preschool Tool	Physical Plant	101238.2(d)(2)	(2) Free of hazards including, but not limited to, holes, broken glass and other debris, and dry grasses that pose a fire hazard.	2
	Reporting Requirements	101212(b)	(b) The name of the child care center director, and any fully qualified teacher(s) designated to act in the child care center director's absence, shall be reported to the Department within 10 days of a change of child care center director or designee(s).	2
	Physical Plant	101238.2(e)	(e) As a condition of licensure, the areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material that absorbs falls.	2
	Children Records	101220.1(g)(1)	(1) This requirement includes updating each child's immunization record when the child is due to receive required immunizations after enrollment in the child care center.	2
	Physical Plant	101226(d)	(d) The licensee shall maintain the following first-aid supplies in a location accessible to staff but inaccessible to children:	2
	Physical Plant	101239(o)	(o) Playground equipment shall be securely anchored to the ground unless it is portable by design.	2
School Age Tool	Staff Records	1596.7995(a)(1)	(1) Commencing September 1, 2016, a person shall not be employed or volunteer at a day care center if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.	2



Table 35, below, lists the regulations/statutes that were most frequently given a Technical Assistance (TA) advisory note. There were relatively few TA's; any regulation/statute that was given 2 or more TA's has been listed below.

**Table 35. Regulations/Statutes Most Frequently Issued a Technical Assistance Advisory for Each Tool**

Tool	Domain	Regulation/ Statute Code	Regulation/Statute Language	Frequency of TA Rating
FCCH Tool	Physical Plant	102417(g)	(g) The home shall be free from defects or conditions which might endanger a child. Safety precautions shall include but not limited to:	2
	Physical Plant	102417(g)(4)	(4) Poisons, detergents, cleaning compounds, medicines, firearms and other items which could pose a danger if readily available to children shall be stored where they are inaccessible to children.	2
Infant Tool		--		--
Preschool Tool	Physical Plant	101238.2(e)	(e) As a condition of licensure, the areas around and under high climbing equipment, swings, slides and other similar equipment shall be cushioned with material that absorbs falls.	3
	Children Records	101229.1(a)(1)	(1) The person who signs the child in/out shall use his/her full legal signature and shall record the time of day.	2
	Staff Records	1596.7995(a)(1)	(1) Commencing September 1, 2016, a person shall not be employed or volunteer at a day care center if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.	2
School Age Tool	Physical Plant	101238(d)(1)	(1) Such equipment and supplies shall be stored in this space and shall not be stored in space used to meet other requirements specified in this chapter.	2



## VII. Compliance

### A. Promising Results

#### Frequency of Compliance and Types of Deficiency by Tool and Domain

Table 36, below, provides a breakdown of the percentage of times that regulations/statutes, when rated, were rated as in compliance (yes), not in compliance (no), or not applicable (n/a). This table includes standard and domain-focused regulations/statutes (when triggered and rated) to get an overall indication of where noncompliance tends to be most often found. The last column of the table is the compliance rate when N/A responses and blanks in the data are excluded. (Blanks should only occur when a domain focused tool is not triggered, and therefore the regulations are not checked.)

**Table 36. Percentage of Times Regulations/Statutes in Each Domain Were Rated as In Compliance, Not in Compliance, or Not Applicable**

Tool	Domain	YES	NO	N/A	Compliance Excluding N/A
FCCH Tool	Care and Supervision	89%	1%	10%	99%
	Facility Administration	75%	5%	20%	94%
	Personal Rights	98%	0%	1%	100%
	Physical Plant	63%	3%	35%	96%
	Records	83%	8%	9%	92%
	Staffing Ratio and Capacity	54%	1%	45%	98%
	<b>Total</b>	<b>71%</b>	<b>4%</b>	<b>25%</b>	<b>95%</b>
Infant Tool	Care and Supervision	85%	0%	15%	100%
	Children Records	87%	2%	11%	98%
	Food Service	95%	0%	4%	100%
	Personal Rights	99%	0%	1%	100%
	Physical Plant	92%	1%	7%	99%
	Reporting Requirements	88%	10%	2%	90%
	Staff Records	91%	1%	7%	99%
	Staffing Ratio and Capacity	88%	0%	12%	100%
	Toddler Component	15%	0%	85%	100%
	<b>Total</b>	<b>90%</b>	<b>1%</b>	<b>9%</b>	<b>99%</b>



## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	YES	NO	N/A	Compliance Excluding N/A
Preschool Tool	Care and Supervision	79%	1%	20%	99%
	Children Records	80%	2%	18%	98%
	Food Service	98%	1%	1%	99%
	Personal Rights	100%	0%	0%	100%
	Physical Plant	89%	2%	9%	98%
	Reporting Requirements	93%	5%	2%	95%
	Staff Records	90%	2%	8%	98%
	Staffing Ratio and Capacity	77%	1%	22%	99%
	Toddler Component	15%	1%	84%	94%
	<b>Total</b>	<b>86%</b>	<b>2%</b>	<b>12%</b>	<b>98%</b>
School Age Tool	Care and Supervision	67%	1%	32%	99%
	Children Records	84%	1%	15%	99%
	Food Service	96%	0%	4%	100%
	Personal Rights	100%	0%	0%	100%
	Physical Plant	86%	2%	13%	98%
	Reporting Requirements	92%	2%	6%	98%
	Staff Records	96%	2%	2%	98%
	Staffing Ratio and Capacity	75%	0%	25%	100%
	<b>Total</b>	<b>87%</b>	<b>1%</b>	<b>12%</b>	<b>99%</b>

As seen in Table 36, above, compliance was generally quite high. The large majority of the values in the “YES” column are very high. When those numbers are lower, it is due to the percent N/A being higher. For example, in the FCCH Tool, the Physical Plant domain has a compliance rate of 63%. While that might seem low, that low value is due to the fact that many times the LPA marked regulations/statutes in that domain as N/A. Facilities were marked as noncompliant 3% of the time. The last column in the table provides a clearer picture of compliance when the N/A responses and blanks are removed. As seen in last column, overall compliance is very high. The lowest value for compliance is in the Infant Tool, Reporting Requirements domain.



### Citations and Advisories

Table 37, below, provides a count of the numbers of each deficiency type (Type A, Type B, Technical Violation, Technical Advisory) associated with each domain of each tool, for regulations/statutes deemed as noncompliant. Entries are sort alphabetically by domain name.

**Table 37. Citation and Advisory Frequencies by Tool and Domain**

Tool	Domain	A	B	TV	TA
FCCH Tool	Care and Supervision	0	0	1	0
	Facility Administration	3	79	32	3
	Personal Rights	0	1	0	1
	Physical Plant	9	45	17	9
	Records	1	73	23	3
	Staffing Ratio and Capacity	6	3	0	0
	<b>Total</b>	<b>19</b>	<b>201</b>	<b>73</b>	<b>16</b>
Infant Tool	Care and Supervision	0	0	0	0
	Children Records	0	13	3	1
	Food Service	0	2	1	1
	Personal Rights	0	0	0	0
	Physical Plant	0	22	6	3
	Reporting Requirements	0	3	1	0
	Staff Records	0	7	1	2
	Staffing Ratio and Capacity	0	0	0	0
	Toddler Component	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>47</b>	<b>12</b>	<b>7</b>
Preschool Tool	Care and Supervision	1	0	1	0
	Children Records	1	12	7	5
	Food Service	0	3	1	1
	Personal Rights	0	0	1	0
	Physical Plant	2	32	18	8
	Reporting Requirements	0	2	3	1
	Staff Records	2	33	3	2
	Staffing Ratio and Capacity	2	0	0	0
	Toddler Component	1	1	0	0
	<b>Total</b>	<b>9</b>	<b>83</b>	<b>34</b>	<b>17</b>





Tool	Domain	A	B	TV	TA
School Age Tool	Care and Supervision	0	0	1	0
	Children Records	0	3	0	5
	Food Service	0	0	0	0
	Personal Rights	0	0	0	0
	Physical Plant	0	13	2	5
	Reporting Requirements	0	3	0	0
	Staff Records	0	4	4	0
	Staffing Ratio and Capacity	0	0	0	0
<b>Total</b>		<b>0</b>	<b>23</b>	<b>7</b>	<b>10</b>

As seen in the table above, there were very few Type A citations across all facility types. The FCCH Tool had the most Type A citations. Those were mostly in the Physical Plant and Staffing Ratio and Capacity domains. The Preschool Tool had a total of only 9 Type A citations and the Infant and School Age Tools did not have any Type A citations. There were many more Type B citations on the tools, but the most Type B citations occurred in the FCCH Tool. Technical violations were issued a total of 126 times across all tools, with more than half of those also being in the FCCH Tool. Across all tool types there were few Technical Advisories.

### Types of Deficiency by Facility Size

**Key Point:** There were no clear differences in the number of citations or advisory notes based on facility size.

In order to examine whether there were systematic differences in citations and advisories by facility size, the number of Type As, Type Bs, Technical Violations (TVs), and Technical Advisories (TAs) were broken up for each tool based on facility size. Table 38, on the following page, provides a breakdown of deficiency types (A, B, TV, TA) for smaller versus larger facilities, using the breakdown of facility sizes defined previously. The values in the table below indicate that there are not systematic differences in citations or advisories based on facility size.

**Table 38. Deficiency Types for Smaller versus Larger Facilities**

Tool	Size	A	B	TV	TA
FCCH Tool	Smaller	3	98	28	11
	Larger	16	103	45	5
	Total	19	201	73	16
Infant Tool	Smaller	0	19	7	2
	Larger	0	28	5	5
	Total	0	47	12	7
Preschool Tool	Smaller	4	51	16	8
	Larger	5	32	18	9
	Total	9	83	34	17
School Age Tool	Smaller	0	22	6	8
	Larger	0	1	1	2
	Total	0	23	7	10

Table 39, on the following page, provides the most frequent Type A citations for each tool. There were few Type A citations issued, so anything cited 2 or more times as a Type A has been listed below. There were no Type A citations for the Infant or School Age Tools.



**Table 39. Regulations/Statutes Most Frequently Cited as Type A for Each Tool**

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	Frequency of A Rating
FCCH Tool	Physical Plant	102417(g)(4)	(4) Poisons, detergents, cleaning compounds, medicines, firearms and other items which could pose a danger if readily available to children shall be stored where they are inaccessible to children.	3
	Physical Plant	102417(g)(3)	(3) Where children are less than five years old are in care, stairs shall be fenced or barricaded.	3
	Physical Plant	102417(g)	(g) The home shall be free from defects or conditions which might endanger a child. Safety precautions shall include but not limited to:	2
	Facility Administration	102370(d)	(d) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1596.871 shall prior to working, residing or volunteering in a licensed facility:	2
	Staffing Ratio & Capacity	102416.5(d)(1)	(1) Twelve children, no more than four of whom may be infants; or	2
	Staffing Ratio & Capacity	102416.5(f)	(f) The total licensed capacity for a Large Family Child Care Home shall not exceed fourteen children.	2
Infant Tool		--		--
Preschool Tool	Staffing Ratio & Capacity	101161(a)	(a) A licensee shall not operate a child care center beyond the conditions and limitations specified on the license, including the capacity limitation.	2
School Age Tool		--		--



Table 40, below, lists the specific regulations/statutes that were most frequently given a Type B citation. There were many more Type B citations than Type A citations in the CCP pilot. With respect to Type B's, any regulation/statute that was given a Type B citation 3 or more times has been listed below.

**Table 40. Regulations/Statutes with the Most Frequent B Citations**

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	Frequency of B Rating
FCCH Tool	Facility Administration	1596.8662(b)(1)	(1) On or before March 30, 2018, a person who, on January 1, 2018, is a licensed child day care provider, administrator, or employee of a licensed child day care facility shall complete the mandated reporter training provided pursuant to paragraphs (2) and (3) of subdivision (a), and shall complete renewal mandated reporter training every two years following the date on which he or she completed the initial mandated reporter training.	29
	Records	1597.622(a)(1)	(1) Commencing September 1, 2016, a person shall not be employed or volunteer at a family day care home if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.	23
	Facility Administration	1597.622(c)	(c) The family day care home shall maintain documentation of the required immunizations or exemptions from immunization, as set forth in this section, in the person's personnel record that is maintained by the family day care home.	17



## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	Frequency of B Rating
FCCH Tool	Records	102417(g)(8)	(8) Each family child care home shall have a current roster of children as specified in Health and Safety Code Section 1596.841.	16
	Facility Administration	102416(c)	(c) The licensee and other personnel as specified shall complete training on preventive health practices, including pediatric cardiopulmonary resuscitation and pediatric first aid, pursuant to Health and Safety Code Section 1596.866.	15
	Physical Plant	102417(g)(4)	(4) Poisons, detergents, cleaning compounds, medicines, firearms and other items which could pose a danger if readily available to children shall be stored where they are inaccessible to children.	14
	Records	102418(g)	(g) The licensee shall document each child's immunizations as required by the California Code of Regulations, Title 17, Section 6070, and shall maintain such documentation for as long as the child is enrolled.	8
	Physical Plant	102417(g)	(g) The home shall be free from defects or conditions which might endanger a child. Safety precautions shall include but not limited to:	7
	Records	102418(g)(1)	(1) This requirement includes updating each child's PM 286 (6/95) when the child is due to receive required immunizations after enrollment in the family day care home.	7



## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	Frequency of B Rating
FCCH Tool	Records	102417(g)(7)	(7) An emergency information card shall be maintained for each child and shall include the child's full name, telephone number and location of a parent or other responsible adult to be contacted in an emergency, the name and telephone number of the child's physician and the parent's authorization for the licensee or registrant to consent to emergency medical care.	6
	Physical Plant	102417(g)(10)	(10) A baby walker shall not be allowed on the premises of a family child care home in accordance with Health and Safety Code Sections 1596.846(b) and (c).	6
	Physical Plant	1597.543	Every family day care home for children shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 Division 12. The department shall account for the presence of these detectors during inspections.	5



## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	Frequency of B Rating
FCCH Tool	Records	102419(d)(1)	(1) The licensee shall request the child's parent or authorized representative to sign and date the bottom portion of the notice form LIC 995A (8/06), which acknowledges that the parent or authorized representative has received and read the LIC 995A. The bottom portion of this form must be kept in the child's file as proof that the parent or authorized representative has been notified of his or her rights and received a copy of the Caregiver Background Check Process, LIC 995E (6/05), and the Family Child Care Consumer Awareness Information, LIC 9212 (10/05).	5
	Physical Plant	102417(g)(1)	(1) Fireplaces and open face heaters shall be screened to prevent access by children. The home shall contain a fire extinguisher and smoke detector device which meet standards established [sic] by the State Fire Marshall.	4
	Facility Administration	102416.1(a)	(a) Personnel records shall be maintained on each employee and shall contain the following information:	3
	Facility Administration	1596.8662(c)	(c) Current proof of completion for each licensed child day care provider or applicant for that license, administrator, and employee of a licensed child day care facility shall be submitted to the department upon inspection of the child day care or upon request by the department.	3





## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	Frequency of B Rating
FCCH Tool	Facility Administration	102417(r)	(r) A signed and dated copy of LIC 9052 (4/88), Notice of Employee Rights, shall be maintained in the employee's personnel record.	3
Infant Tool	Children Records	101419.3(a)	(a) The written infant needs and services plan shall be updated at least quarterly, or as often as necessary to assure its accuracy.	4
	Staff Records	1596.7995(a)(1)	(1) Commencing Sept. 1, 2016, a person shall not be employed or volunteer at a day care center if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.	4
Preschool Tool	Staff Records	1596.7995(a)(1)	(1) Commencing Sept. 1, 2016, a person shall not be employed or volunteer at a day care center if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.	12
	Physical Plant	1596.954	Every licensed child day care center shall have one or more carbon monoxide detectors in the facility that meet the standards established in Chapter 8 (commencing with Section 13260) of Part 2 of Division 12. The department shall account for the presence of these detectors during inspections.	7



## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	Frequency of B Rating
Preschool Tool	Physical Plant	101238(g)	(g) Disinfectants, cleaning solutions, poisons and other items that could pose a danger if readily available to children shall be stored where inaccessible to children.	4
	Children Records	101229.1(a)(1)	(1) The person who signs the child in/out shall use his/her full legal signature and shall record the time of day.	4
	Staff Records	101217(a)(11)	(11) A health screening as specified in Section 101216(g).	4
	Children Records	101220(a)	(a) Prior to, or within 30 calendar days following the enrollment of a child, the licensee shall obtain a written medical assessment of the child. This medical assessment enables the licensee to assess whether the center can provide necessary health-related services to the child.	3
	Staff Records	101216(f)	(f) At least one staff member who is trained in pediatric cardiopulmonary resuscitation and pediatric first aid pursuant to Health and Safety Code Section 1596.866 shall be present when children are at the child care center or offsite for center activities.	3
School Age Tool	Staff Records	1596.7995(a)(1)	(1) Commencing Sept. 1, 2016, a person shall not be employed or volunteer at a day care center if he or she has not been immunized against influenza, pertussis, and measles. Each employee and volunteer shall receive an influenza vaccination between August 1 and December 1 of each year.	3



Tool	Domain	Regulation/ Statute Code	Regulation/ Statute Language	Frequency of B Rating
School Age Tool	Physical Plant	101239.2(a)	(a) Drinking water from a noncontaminating fixture or container shall be readily available both indoors and in the outdoor activity area.	3

### Comparison of Pilot Citation Rates for Facilities that were Previously Cited versus Not Cited

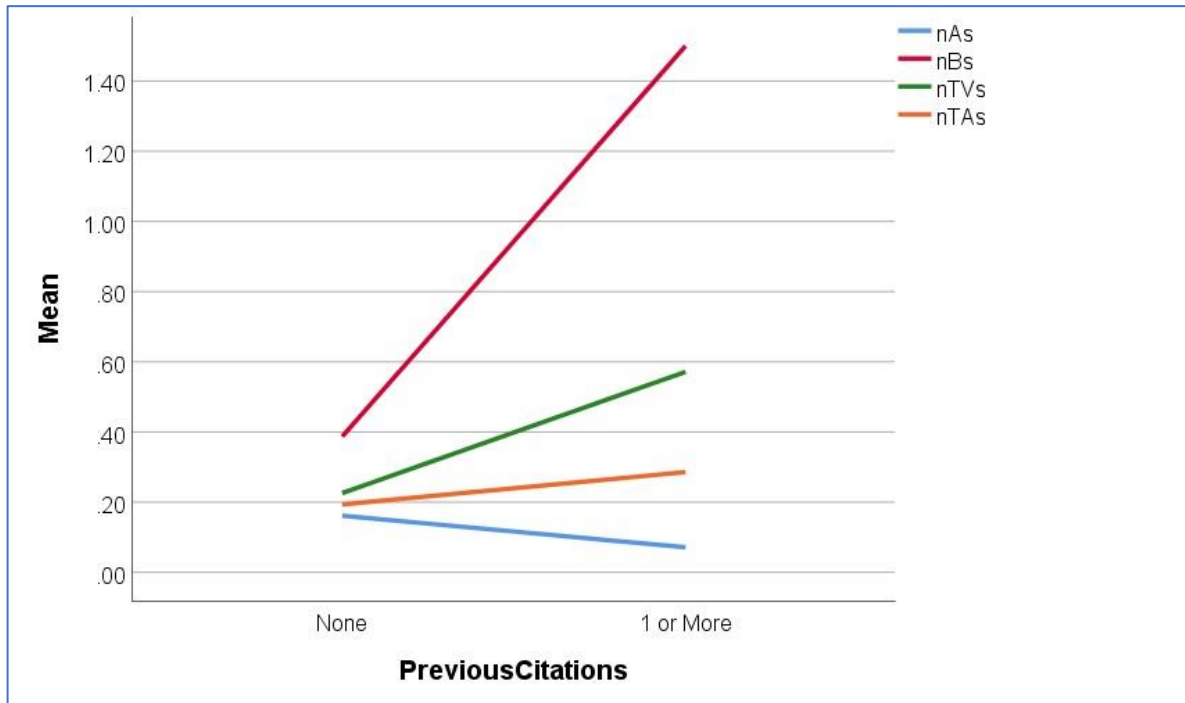
With respect to compliance, one other comparison was performed. As mentioned previously, half of the facilities inspected in the pilot had zero violations in the two years prior to the pilot and half had one or more violations in the two years prior to the pilot. Table 41, below, lists the average number of Type A, Type B, Technical Violation (TV), and Technical Advisory (TA) citations/notes for facilities in the pilot that had no prior citations history, versus that were cited one or more times in the past. The differences were minimal for Type A and TA types, somewhat more noticeable for TVs, and fairly large for Type Bs. Figure 2, on the following page, displays the trend in a graph.

**Table 41. Average Numbers of Citations/Deficiencies in  
Pilot for Facilities Cited versus Not Cited Previously**

Deficiency Type	No Prior Citation (N = 31)	One or More Prior Citations (N = 28)
A	.16	.07
B	.39	1.50
TV	.23	.57
TA	.19	.29



**Figure 2. Plot of Means for Citations/Deficiencies in Pilot for Facilities Cited versus Not Cited Previously**



### Number of Times Domain-Focused Tools were Triggered

Also relevant to compliance is data on the number of times the domain focused tools were triggered, and the regulations/statutes cited when triggered. Table 42, on the following page, summarizes the triggers observed for each tool. The domains that were triggered are listed, along with the number and percentage of inspections using the tool where the domain was triggered. Finally, the regulations/statutes that were cited as a Type A or a Type B when the domains were triggered are listed. We cannot determine which Type A or Type B citations were the first to cause the trigger, but all Type A's and Type B's from the standard portion of the tool that were found in the triggered domain are listed. During the pilot LPAs were asked to manually trigger some domain focused tools that had a low number of inspections. These manually triggered domain-focused tools were not included in the table below.



**Table 42. Domains Triggered for Each Tool, and Cited Regulations/Statutes**

Tool	Domain	Number of Times Triggered	% of Inspections with Triggers	Regulations/Statutes Cited when Triggered
FCCH Tool	Facility Administration	17	11%	102370(d) 102370(d)(2) 102416(c) 1596.8662(b)(1) 1596.8662(c) 1597.622(c)
	Physical Plant	15	10%	102417(d) 102417(g) 102417(g)(1) 102417(g)(10) 102417(g)(3) 102417(g)(4) 102417(g)(4)(A) 102417(g)(5) 1597.5429
	Records	17	11%	102417(g)(7) 102417(g)(8) 102418(g) 102418(g)(1) 102419(d) 102421(b) 1597.622(a)(1)
	Staffing Ratio and Capacity	5	3%	102416.5(b)(2) 102416.5(d)(1) 102416.5(e) 102416.5(f)
	<b>Total</b>	<b>54</b>	<b>35%</b>	



## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Number of Times Triggered	% of Inspections with Triggers	Regulations/Statutes Cited when Triggered
Infant Tool	Children Records	1	4%	101419.3(a) 101419(a)
	Physical Plant	4	15%	101226(e)(6) 101238.2(e) 101238(g) 101239(n) 101438.3(c)(1) 101439.1(b)(4)(B) 101439.1(e)(1) 101439(d)(2) 101439(f) 101439(g) 101439(h)(4) 1596.954
	<b>Total</b>	<b>5</b>	<b>19%</b>	
Preschool Tool	Children Records	3	4%	101220(a) 101226(e)(2) 101226(e)(6) 101229.1(a)(1)
	Physical Plant	6	8%	101226(e)(1) 101226(e)(1)(A) 101238.2(d)(2) 101238(a) 101238(a)(1) 101238(g) 101238(g)(1) 101239.2(a) 101239(f)(1) 101239(o)(1) 1596.954



## CHILD CARE PROGRAM: PILOT REPORT

Tool	Domain	Number of Times Triggered	% of Inspections with Triggers	Regulations/Statutes Cited when Triggered
Preschool Tool	Staff Records	9	12%	101170(e)(2) 101215.1(m) 101216.1(b)(1) 101216.2(e) 101216(f) 101217(a) 101217(a)(11) 101217(a)(12) 101217(a)(13) 101217(c)(1)(A) 1596.7995(a)(1)
	Staffing Ratio and Capacity	2	3%	101161(a)
	Toddler Component	1	1%	101216.4(a)(1) 101216.4(a)(2)
	<b>Total</b>	<b>21</b>	<b>27%</b>	
School Age Tool	Physical Plant	4	15%	101238.2(d)(2) 101238.2(e) 101238(a) 101238(g) 101239.2(a) 101239(e)(4) 101239(f)(1)
	Staff Records	1	4%	101216(g)(1) 1596.7995(a)(1)
	<b>Total</b>	<b>5</b>	<b>19%</b>	





### Citation Counts Across Years

Table 43, below, displays the frequency counts and the average number of citations for each facility inspected in the pilot study for the years 2016-2018 along with the pilot data.

**Table 43. Citation Counts Across Years**

Year	Type As	Type Bs	Total	Number of Facilities that Received a Citation	Total Number of Facilities Inspected	Average Type As	Average Type Bs	Average Total
2016	3643	12380	16023	7056	19996	0.2	0.6	0.8
2017	2852	14660	17512	7752	20756	0.1	0.7	0.8
2018	2199	15643	17842	7801	23820	0.1	0.7	0.7
Pilot	28	354	382	124	283	0.1	1.3	1.3

**Key Point:** The average number of Type A citations has not changed over time or in the pilot; however, the average number of Type B citations was noticeably higher in the pilot.

Columns two, three, and four of this table contain the actual frequency counts of Type A and Type B citations for the years 2016-2018 and the pilot. The last three columns present the average number of each citation type per facility. Thus, in 2016 the average number of Type A citations a single facility received was 0.2. In 2017 and 2018 the average number of A citations a facility received was 0.1. The average number Type A citations was also 0.1 for the pilot data. The average number of Type B citations for a single facility in 2016 was 0.6. In 2017 and 2018, the average number of Type B citations was 0.7. The average number of Type B citations in the pilot was 1.3, which is almost double the prior years' data. This is a marked increase. The increase in Type B citations could be due to the fact that more regulations are being inspected. It is important to note that these additional regulations that facilities are likely to be cited on are not regulations that present an immediate risk to health and safety (which would lead to a Type A citation). It is also important to note that in the Table 43, above, the facilities included in years 2016-2018 were only facilities that were inspected and received a Type A and/or Type B citation. It does not include facilities that were inspected in those years but did not receive a Type A or Type B citation. Column 5 provides the counts for all CCP facilities that received a citation in the given year, and column 6 provides the count of the total number of facilities inspected in that year. Thus, comparisons can be made to determine the relative difference between those two



values. These values indicate that there are several thousand facilities that are inspected each year that receive neither a Type A nor Type B citation.

### VIII. Recommendations

**Key Point:** Information obtained from the pilot provides specific directions for improvement of the inspection process.

This section focuses on information gathered during focus groups; SME workgroup findings are in Appendix B.

Through the post-inspection survey LPAs and LPMs offered multiple recommendations to improve the inspection tool and process. These recommendations were associated with improving the user interface; adding, relocating, and removing content in the tool and forms; and recommendations for training and support. Some suggestions were specific and feasible and could be acted on by CDSS prior to revising the tools, while others will require consideration and action in program working groups. The section below provides an overview of suggestions to improve the tool provided by LPAs and LPMs on surveys and in focus groups.

#### A. Tool Content

LPAs and LPMs suggested grouping regulations into two main domains based on the physical layouts of most Child Care facilities: indoors and outdoors. Further suggestions for tool content can be found in Appendix B on the subject matter expert (SME) workgroups.

#### B. Tool Validation

In regard to the ongoing Continuous Quality Improvement (CQI) for CCP tool content and tool validation, CSUS suggests validating the regulations and statutes included in the tool through structured, consistent, planned analysis of the standard inspection tool. Following a longitudinal approach to data analysis and methods review, the frequency of Type A citations, Type B citations, Technical Violations (TVs), and Technical Advisories (TAs) for each regulation in the standard inspection tool should be analyzed a minimum of every six months. Document and track changes after six months of inspections and after one year. A frequency analysis will allow for examination of patterns and changes in citations over time.<sup>10</sup> After one year, this data should be analyzed once per year.

Manually cited regulations/statutes, which LPAs and LPMs add to 809D forms, should be examined every six months for a period of one year. Decisions by program and policy staff will need to be made

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<sup>10</sup> Frequency analysis entails counting amounts; in this case the analysis consists of a count of Type A, Type B, citations and TA and TV notes.



regarding whether manually cited regulations/statutes should be added to the standard tool. Changes can be based on the data collected and judgment of subject matter experts. After one year, manually cited regulations/statute should continue to be examined and reviewed once per year.

To validate the domain focused tools, the frequency of Type A citations, Type B citations, TVs, and TAs for each regulation/statute in the domain focused tools should be examined, and this analysis should be split up for each domain focused tool. For the first year, every six months, analyze frequencies of Type A, Type B, TV, and TA citations/advisories in the domain focused tools. Changes from one six-month time period to the next should be tracked for one year. Decisions will need to be made regarding whether regulations/statutes cited with the domain focused tools need to be moved to the standard tool. Thresholds for determining whether the degree of change is noteworthy can be made based on data collected and expert judgment.

## IX. Identification of Key Indicators for Development of Revised Inspection Tools

The following section presents recommendations and an approach to identifying and selecting content to include in the updated CCP statewide tools.

### A. Correlational Analyses and Patterns of Co-Violations

Item-total correlations were calculated for each of the standard tool regulations/statutes within a domain.<sup>11</sup> The purpose of this calculation was to examine the consistency between an individual regulation/statute getting “flagged” with either a citation or advisory note and the rate of regulation/statute flags for the rest of the domain, possibly allowing for identification of key indicators. Item-total correlations range from -1 to +1, where a positive value would indicate that an increase in an individual regulation/statute getting flagged is associated with a higher number of other regulations/statutes in that domain also getting flagged. For our purposes, values above .6 are considered strong, .3 to .6 considered moderate, and less than .3 weak. Many of these correlations could not be computed due to the fact that for many regulations/statutes there were zero deficiencies and zero advisory notes. For the regulations/statutes in which the calculations were computed, the large majority of the item-total correlations were in the weak range. There were eleven correlations that were in the moderate range, and six that were in the strong range. Although it was important to explore

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<sup>11</sup> Domain focused tool regulations/statutes were excluded from this analysis, as there were a substantial number of instances where the regulation/statute was never flagged for a citation or advisory note, thus the correlation could not be calculated. For the standard regulations/statutes, if a regulation/statute resulted in any type of citation or advisory note, it was coded as a “1.” If the regulation/statute did not result in any type of citation or advisory note, it was coded as a “0.” These values were then correlated with the sum of the total ones (1) and zeros (0) for *other* regulations in the domain.



item-total correlations to determine if key indicators could be identified, the results did not provide a strong enough basis on which to identify specific regulations/statutes as key indicators.

### **B. Identification of Key Indicators**

One of the main goals of the pilot was to determine which regulations/statutes can serve as “key indicators” and thus be included in a revised version of the inspection tools. In order to determine which regulations/statutes will be designated as key indicators, a hierarchical examination of regulations/statutes can be employed. The hierarchy can be tentatively determined based on the results presented in this report.

Table 44, on the following page, provides a framework for how the various pieces of information provided in this report can be placed into a hierarchy, or series of levels, to aid in decision making regarding which regulations/statutes will be designated as key indicators. The narrative following the table further explains the hierarchy and rationale.

**Table 44. Hierarchical Analysis of Information Regarding Decisions to Select Key Indicators**

<b>Inspection Frequency</b>		<b>Level 1 Key Indicators Within Each Domain</b>
Always		<ul style="list-style-type: none"><li>• Mandated to be inspected by law</li><li>• Directly linked to an immediate civil penalty assessment</li><li>• Tend to be designated as Type A violations, indicating they are likely to have direct and serious consequences if violated</li><li>• High frequency of violation in the pilot</li></ul>
<b>Inspection Frequency</b>		<b>Level 2 Key Indicators Within Each Domain</b>
Always		<ul style="list-style-type: none"><li>• Regulations/statutes not on the Level 1 list, that are:</li><li>• Sometimes cited/advised, indicating the possibility that they should always be checked</li><li>• Likely to have direct and serious consequences if violated (as indicated by SME ratings)</li></ul>
<b>Inspection Frequency</b>		<b>Level 3 Key Indicators Within Each Domain</b>
Triggered by their associated KIs		<ul style="list-style-type: none"><li>• Additional regulations/statutes, not on either Level 1 or 2 Key Indicator lists, that are:</li><li>• Considered important and related to main regulations/statutes (as identified by SME ratings)</li><li>• Likely to have a moderate impact on health and safety of the residents (as indicated by SME ratings)</li></ul>
		<b>Non-indicators Within Each Domain</b>
		<ul style="list-style-type: none"><li>• “Root” or “stem” regulations/statutes that simply set up a list, but do not themselves have independently rate-able content</li><li>• Regulations/statutes that are covered in another domain (each regulation/statute should be rated under only one domain, and not repeated in the tool).</li></ul>



Level 1 key indicators include any regulations or statute that the CCLD is mandated to check during an inspection and regulations/statutes associated with immediate civil penalty assessments. These regulations/statutes should always be evaluated at every inspection. In addition, it is proposed that regulations/statutes that tend to be assigned Type A deficiency types should be a level 1 key indicator, as this suggests they are immediate or potential health and safety risks.

Level 2 key indicators include those regulations/statutes that have the highest frequency of citations and/or advisories, as noted in the Section VII Compliance, and regulations/statutes that are rated as highly likely to have direct and serious consequences for residents' health and safety if violated. High frequency alone does not indicate the level of seriousness of a violation, but may indicate that the regulation/statute should be routinely inspected for compliance. In addition, in the absence of pilot data indicating whether a regulation/statute tends to be designated as a Type A or B violation, SME ratings of whether violation of the regulation/statute poses a major or moderate risk to health and safety can be used to make the same designation.

Level 3 key indicators are proposed to be based on any regulation/statute that is not at Level 1 or 2, but is related to a Level 1 or 2 regulation/statute. Level 3 regulations/statutes would include those regulations/statutes that are in the domain focused tool. These would be determined by ratings from SMEs regarding which domain focused regulations/statutes should be triggered by which regulations/statutes. This could address an issue that came up in the pilot in which a long list of domain focused regulations/statutes were triggered after specific types of citations were given on the standard tool. The triggered list may have included regulations/statutes that were unrelated to the regulation/statute that produced the trigger. For example, a violation on a background check clearance regulation could trigger LPAs to inspect requirements related to training documentation or possibly other paperwork items that are conceptually unrelated. Using key indicators means items would only be evaluated in an inspection if a citation on a related regulation triggered further evaluation.

Lastly, Table 44 includes a category of non-indicators within each domain. These include "root" or "stem" regulations/statutes that set up a list (such as "All of the following shall apply:"), but do not contain information that can be rated independently of the items in the list that follow this stem. Each regulation/statute should occur in only one domain on each tool. Which domain the regulation/statute should be placed in can be based on two pieces of information. One piece should be a determination of where the regulation/statute fits best from the logistical standpoint of when it would be best evaluated in the inspection process. The second piece of information should come from workgroup ratings in which SMEs made a determination of where the regulation/statute fits best.

It is important to note that recommendations determining which regulations/statutes should be in the revised inspection tools are based on the statistical analysis presented in this report and the patterns observed in the data from the pilot. Thus, this report, and any recommendations provided therein, are only one piece of information that should be part of a larger decision-making process. One part of the





larger decision-making process will be the information gained from SME workgroups. Initially, determination and approval of which regulations/statutes should be included in the revised tools rests with the subject matter experts, those in leadership positions at CDSS, and California statutory requirements. Over time, additional data will be collected and the content of the tools will change based on the Continuous Quality Improvement (CQI) process. Section X on Recommendations for Next Steps provides more information on the CQI process.

### **Adequate Representation in Each Domain**

One last factor (not listed in the above section) that should be considered in determining the number of regulations/statutes to include in the revised tools is the percentage of regulations/statutes to include each domain (for purposes of maintaining domain representation). This will be an additional factor that will be taken into consideration in developing the statewide tools. All domains will have some representation of regulations/statutes on the statewide tools. It is possible that the data and ratings of risk to health and safety deem all regulations/statutes in a domain as Level 3 regulations/statutes or as not needed on the tool. In these cases, domain regulations/statutes may be subject to slightly different criteria (than the other domains on the tool) to allow for inclusion of regulations/statutes in the domain.

## **X. Recommendations for Next Steps**

### **A. Subject Matter Expert (SME) Workgroups**

CSUS convened and facilitated a SME workgroup to generate information (i.e., evidence) necessary to refine and develop inspection tools (standard and domain focused) for the four tools in the CCP program. During the workgroups SMEs provided criticality ratings for all regulations/statutes not included in the Level 1 category in Table 44, “Hierarchical Analysis of Information Regarding Decisions to Select Key Indicators.” SMEs also reviewed regulations/statutes to remove redundancy and organize content. Details of the SME workgroup process are outlined in Appendix B. The workgroup process implemented by CSUS obtained this information from SMEs, as well as their recommendations to improve the content and organization of indicators in the tools.

### **B. Ongoing Assessment of Reliability and Scientific Validity**

It is recommended that the new tools be subject to an ongoing process of assessment of reliability and scientific validity; Appendix A outlines the types of evidence required to select valid key indicators to include in inspection tools. Ongoing reliability assessments should ensure that LPAs and LPMs are continuing to utilize the same criteria for issuing citations and advisories. Additionally, periodic ongoing scientific validity assessment will also be a part of a strong inspection program. Specifically, criterion related validity should be examined in future inspections, such that it can be demonstrated that the results of the inspection, specifically when using a shortened tool, accurately portray facility health, as well as the children’s health and safety. The new inspection tools and procedure will result in increased consistency and thoroughness in inspections, and increased awareness among providers regarding





the specific regulations LPAs will be examining during visits. Monitoring citation data over time will allow CCLD to better understand where facilities may need more guidance to stay in compliance. These factors will lead to improved compliance in facilities. Data gathered addressing criterion related validity will provide evidence of this change over time. Improved compliance will lead to improved safety for children.

The Community Care Licensing Division (CCLD) is working with CSUS on a plan for Continuous Quality Improvement (CQI). As part of the CQI process, data will continue to be collected and evaluated. It is recommended that every year, a small percentage of comprehensive inspections be completed in facilities throughout the state (these will be in compliance facilities that would normally not require a comprehensive inspection). The data provided from these inspections, along with comprehensive inspections that are the result of facilities being out of compliance, can be used for ongoing assessments and to provide evidence that the inspection tools are working in the manner they are intended to. Facilities that have demonstrated previous compliance should remain in compliance over time. Facilities that have demonstrated previous noncompliance should show increases in compliance over time.

Ongoing assessment will include examination of correlations and patterns of co-violations among the regulations. While statutory mandates must remain in the standard inspection tools, as part of the new inspection process, LPAs and LPMs will have the opportunity to provide feedback on non-mandated regulations/statutes that should be added into the standard tools or that should be deleted. Thus, ongoing assessment will also involve examination of this LPA and LPM feedback. Changes will be made to the tool as needed. CQI will also involve further examination of the scientific validity of the tool to ensure that inspection results reflect the true state of the facility, as well as health and safety of children in care. Results of staff interviews will be part of the scientific validity assessment.

Additionally, at least once per year the tools should be reviewed and revised to include new laws and/or regulations. New laws and/or regulations will be added to the inspection tools when they are appropriate for annual inspections. Taken together, the steps in the CQI process will aid in examining the true effectiveness of the tool. It is recommended that the procedures for tool development and CQI be utilized for any future inspection pilots and/or tool development.



# Appendix A – Framework for Data Analysis and Data Needs to Inform Identification of Key Indicators

## Part 1: Selection of Key Indicators

The standard and domain focused tools used by LPAs to evaluate facilities in the pilot encompass the sum of all regulations/statutes in the Child Care Program pilot tools. The logistics of reviewing every item in each inspection are impractical, as was demonstrated in the May to August 2019 pilot and indicated by subsequent LPA and LPM feedback.

CSUS has been tasked with developing a hierarchical staged-in review process where a subset of items serving as “key indicators” (KIs) are evaluated and used to guide LPAs and LPMs toward other items that need a more thorough investigation. The selection of primary KIs and subsequent relegation of other items to a secondary “triggered” review must be supported by validity evidence regarding the status of each item in the review system. CSUS proposes that a framework similar to that utilized by state licensure exams be adopted for identifying key indicators and gathering scientific validity evidence, as described below. The state licensure procedure utilizes subject matter experts who provide ratings on importance and frequency of job tasks and duties. These ratings are utilized to determine what content is to be included on a state licensure exam. In a similar way, frequency and importance data gathered from the pilot and subject matter expert ratings will be used to determine the content of the facility inspection tools. The processes are parallel except that in one case the goal is to license an individual to practice in an occupation, and in the other case the goal is to ensure licensed facilities are compliant with statutes and regulations. CSUS proposes that this validity evidence should come from at least three sources.<sup>12</sup>

### Evidence for Key Indicator Selection Based on Internal Structure

Data from the May to August 2019 pilot provides frequency information regarding the rates of compliance/noncompliance for each regulation/statute in the inspection tools. The data can be used to explore the relative rates of violation for each of the individual regulations/statutes, but perhaps more importantly, they also allow us to look at patterns of co-violations between regulations/statutes to

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<sup>12</sup> Each of the subsections in the list of validity evidence sources is borrowed and slightly adapted from the *Standards for Educational and Psychological Testing* (AERA/APA/NCME, 2014), which serves as one of the most important documents guiding practitioners in the development and use of psychological tests and assessments. The concepts extrapolate naturally from the level of individual psychological assessments to the broader level of institutional assessments, and allow us to draw on a widespread and rigorous framework for conceptualizing our validation practices. There are two additional categories that are not listed here because they are not directly relevant to the selection of KIs.



identify related clusters. A combination of techniques including (but not limited to) factor analysis, cluster analysis, correlation, and regression analysis will be used to explore these relationships.

It is well known that the reliability of scores from an assessment is a necessary condition for validity; unreliable scores are error-laden and this always limits the validity of score interpretations. The May to August 2019 pilot involved a subset of instances where shadow inspectors (LPMs), independently evaluated the same facility using the inspection tool. This data will be used to explore inter-rater agreement (percent agreement and Cohen's kappa index) and possibly identify certain items on which raters tend to disagree more so than others. If such items are found, we will explore possible implications with respect to these items being eligible for designation as KIs.

### **Evidence for Key Indicator Selection Based on Content**

At the same time that we explore statistical patterns of co-violations among items as described above, we must also attend to the major domains of the standard inspection tool in order to ensure they are each adequately represented in the selection of KIs. Drawing parallels from best practices in psychological testing at the individual level, this would usually mean the number of KIs per domain should be approximately proportional to the total number of items per domain in the standard tool. This ensures that the shortened assessment is a balanced “mini-test” that represents the larger assessment it was drawn from.

With regard to the selection of which specific items will serve as the KIs in each domain, these should be items that satisfy some criterion for designating them as critical KIs. For occupational licensing tests in California and other states, the standard and widely-accepted methodology is to make such decisions based on a combination of the frequency of the occurrence of an occupational practice reflected in the item, and the importance of that practice in terms of its consequences for posing risk of harm to the public if that practice is not carried out properly. Following suit, the May to August 2019 pilot data provides information on how frequently different items are violated, and the analyses described in the prior section will inform us about the rates of co-violation; we will need to supplement this information with a scaling of criticality (i.e., consequences of violation) in order to determine which items are the best candidates to serve as KIs. This scaling should come from subject matter experts. Typically, this is accomplished with a survey where each item is rated on a scale, although we could discuss alternative measurement strategies, such as a rank order method, for identifying the most critical KIs.

### **Evidence for Key Indicator Selection Based on Relations to Other Variables**

This normally involves assessment of a statistical relationship between overall test scores and measures of other variables, including external criteria or outcomes, which provides evidence in support of the intended interpretation and use of scores. For example, a correlation between the compliance rate and other measures of facility health. In state occupational licensure testing, measures of these other variables are usually not readily available, but we can infer such evidence from the



process of involving subject matter experts' (SMEs) ratings of criticality, which establishes a judged link between the test and important outcomes. As part of identifying KIs for the community care licensing tools, these ratings would serve as evidence that the overall assessment is structured in such a way that it is expected to relate to levels of health, safety, and harm avoidance with respect to children in care.

To summarize, CSUS proposes using two sources of data for identifying KIs, one that we already have (May to August 2019 pilot data) and one that we collected in February 2020 (Subject Matter Expert ratings of criticality).



### Appendix B – Subject Matter Expert Ratings

Using pilot data from inspections and post-inspection surveys, CSUS conducted subject matter expert (SME) workgroups in February 2020 in order to further refine the standard and domain focused tools, and investigate the following topics:

- Redundant regulations.
- Difficulty LPAs and LPMs had using both the new hardware and software for the tool.
- Challenges with inspection flow.

#### Subject Matter Expert Ratings

Based on our previous experience developing scientifically valid tools with input from SMEs, CSUS worked with a group 12 SMEs to produce the products listed below. This group was comprised of representatives from regional offices across the state and reflected a mix of LPAs, LPMs and Program/Policy staff who were **highly knowledgeable** in relation to:

- The content and meaning of all regulations/statutes to be rated;
- The general types and condition of facilities in the field; and,
- Exemplary (i.e., best practice) inspection practices.

It was important to complete this work in a small group structure, as the objective was to conduct in-depth discussions and achieve consensus in a relatively brief session. CSUS will integrate work products generated by this group into the CSUS deliverables listed below. These deliverables then should be reviewed and adopted by a larger peer group (e.g., program, policy and QA staff). This plan can be applied to both the CCP tool development as well as inspection tools for other programs that will be revised.

#### Deliverables and Activities

Input from SMEs and CCLD staff and leadership was required to produce the following deliverables that will provide evidence of scientific validity, supporting development of the content and structure of new CCP inspection tools.

1. Criticality Ratings for Select Regulations/Statutes – recommendations on which are important to include in the tools and how these recommendations cross-reference with results of pilot data analysis.
2. New Organizational Mapping of Items – recommendations for the order in which KIs will be viewed, including section headers, sequence, relationship to supporting documentation (e.g., facility map).



3. Recommendations for Adequate Representation and Removing Redundancy - recommendations in/across domains to ensure content within each domain is adequately represented across domains and to remove any content workgroup members believe is redundant after an initial cut has been made by a CDSS program workgroup.
4. Recommendations for Final Content for the Inspection Tools - recommendations for regulation/statute content in all domains.
5. KIs for Standard Tool – recommendations for the most important regulations to be included on the standard tool.
6. Structure of the Domain Focused Tools – recommendations for key indicator(s) that, if violated, will trigger a complete review of regulations/statutes in a domain based on preliminary guidance from IPP project team.

### Workgroup Activities and Findings

CSUS met with SME workgroups for 2.5 days. The agenda for each day was developed based on SME availability, travel requirements, and tasks that needed to be completed. Activities over the 2.5 days included:

1. Criticality ratings – In consultation with CCLD, CSUS developed a 4-point scale reflecting the seriousness of consequences to the health and safety of people under care as a result of violating a regulation. SME groups were asked to rate a set of regulations/statutes prepared by CSUS (based on pilot data analyses and other factors) using the scale. Ratings disagreements were resolved in discussion during the SME workgroup.
2. Adequate representation and resolving redundancies – CSUS analysis of pilot data will produce recommendations regarding the number of regulations/statutes in each domain that should be included in the revised inspection tools. SMEs reviewed these recommendations and made recommendations concerning the number and content of regulations/statutes appearing in the tool. After delivering these recommendations, CSUS will work with CCLD staff to identify LPA and LPM recommendations regarding redundant content that requires clarification or further action by CCLD.
3. Evaluating SME involvement in statewide tool deployment and adjustment.
4. Active problem solving around tool hardware and software issues that emerged in focus groups and in LPA/LPM post-inspection surveys.

The experience of discussing redundancies appeared to be rich and beneficial for the SMEs. During the workgroups, when SMEs were asked to identify redundant regulations/statutes, lively conversation ensued. It emerged that some regulations/statutes which LPAs and LPMs experienced as redundant during the pilot, were a reflection of redundant labor. For example, SMEs agreed that criminal





clearance regulations needed to be on the tool, and while they appeared redundant, upon discussion, SMEs discovered the issue they faced during inspections was related to redundant labor. In other words, the regulations themselves were not redundant; the act of marking regulations as in compliance or not in the tool is felt repetitive. In other words, as LPAs adjusted to the new tool hardware and software, it was the task of marking regulations as in or out of compliance that felt redundant, which LPAs during the pilot equated with the regulations themselves being redundant. This useful discovery would be helpful to replicate during statewide training.

Such an activity might proceed as follows:

- Group regulations/statutes that appear redundant
- LPAs and LPMs discuss redundancies in small groups
- Discuss what small groups determined in large groups

While this exercise will take between 45 minutes – 90 minutes, it will likely prove useful in rooting LPAs and LPMs in the subtle but important distinctions between various regulations/statutes, as well as cultivating LPA and LPM investment in the new inspection process.

One of the many substantial experiences in the workgroups was the final day which entailed a group interactive problem solving and a large group discussion about SME hopes and concerns about the new inspection process. SMEs hoped to remain part of the discussion about implementing the new tools; this desire to remain involved was tied to a concern they had about future involvement, as SMEs would like to be consistently involved in these discussions.

Interactive scenario-based problem solving focused on issues CCP LPAs had with using the tablet during inspections. A key part of this technique was spending time specifically identifying the issue. While many SMEs remarked about issues with the tablet when surveyed, in this setting we were able to look for common threads in different inspection scenarios. One of the interesting discoveries that emerged was that while the tablet itself led to issues navigating the dynamic setting of Child Care facilities, the use of the tablet exacerbated already existing tension points in Community Care inspections. Examples of such tension points were licensees feeling “picked on” during inspections and LPAs having to negotiate difficult behavior from licensees. Solutions the group discussed were support from LPMs when dealing with confrontational licensees (which LPAs noted they currently are happy with), technical support for tablets, and dual LPAs at inspections during the tool rollout. Interestingly, the idea of pairing LPAs as they learned to use the new inspection tool statewide also emerged in the focus group discussions.

LPAs and LPMs suggested that training for fellow LPAs be in-depth and interactive, as they will face similar issues when going out into the field. Additionally, they thought the in-depth explanation they received during the workgroups about the methods and the reasons behind the IPP process would be useful to LPAs and LPMs during the statewide rollout.





During closing discussion, many of the LPAs and LPMs expressed a commitment to explaining the importance of the new inspection process to their co-workers when returning to their home offices. Change, even positive change, can be difficult for large organizations. LPA to LPA “water cooler” discussions will likely smooth the transition to the new inspection process. Finally, LPAs, LPMs, and trainers expressed much gratitude towards CCP program leadership for their attendance and interactive involvement with the workgroups.



## **Appendix C – Additional Tables from the LPA/LPM Post Inspection Survey Responses**

### **Domains for the Standard Inspection Tool**

**With respect to the standard inspection tool, did the regulations h  
within the following domains support a thorough review of the subject area(s)?**

Care and Supervision	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	63	22.34%	6/11	32.15%
Somewhat Thorough	178	63.12%	9/11	54.37%
Not thorough enough	16	5.67%	5/11	5.47%
Not at all Thorough	25	8.87%	2/11	8.01%
Total	282	100.00%		100.00%

Staff Records	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	76	27.64%	7/11	35.03%
Somewhat Thorough	160	58.18%	9/11	53.25%
Not thorough enough	17	6.18%	4/11	5.32%
Not at all Thorough	22	8.00%	2/11	6.40%
Total	275	100.00%		100.00%



## CHILD CARE PROGRAM: PILOT REPORT

Children Records	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	68	24.11%	8/11	28.93%
Somewhat Thorough	168	59.57%	10/11	56.36%
Not thorough enough	24	8.51%	5/11	8.31%
Not at all Thorough	22	7.80%	2/11	6.40%
Total	282	99.99%		100.00%

Personal Rights	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	66	22.92%	8/11	33.38%
Somewhat Thorough	176	61.11%	9/11	50.49%
Not thorough enough	21	7.29%	4/11	8.13%
Not at all Thorough	25	8.68%	2/11	8.01%
Total	288	100.00%		100.01%

Reporting Requirements	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	38	14.90%	6/11	26.98%
Somewhat Thorough	172	67.45%	9/11	56.54%
Not thorough enough	17	6.67%	6/11	6.59%
Not at all Thorough	28	10.98%	2/11	9.89%
Total	255	100.00%		100.00%



## CHILD CARE PROGRAM: PILOT REPORT

Food Service	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	31	16.32%	6/11	25.64%
Somewhat Thorough	128	67.37%	9/11	61.07%
Not thorough enough	10	5.26%	4/11	5.33%
Not at all Thorough	21	11.05%	3/11	7.96%
Total	190	100.00%		100.00%

Toddler Component	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	15	32.61%	3/8	19.71%
Somewhat Thorough	25	54.35%	6/8	67.79%
Not thorough enough	2	4.35%	1/8	4.17%
Not at all Thorough	4	8.70%	1/8	8.33%
Total	46	100.01%		100.00%

Facility Administration	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	31	13.60%	6/11	24.50%
Somewhat Thorough	168	73.68%	9/11	62.72%
Not thorough enough	12	5.26%	6/11	6.60%
Not at all Thorough	17	7.46%	1/11	6.18%
Total	228	100.00%		100.00%



Facility Records	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	60	24.49%	6/11	32.02%
Somewhat Thorough	150	61.22%	9/11	56.95%
Not thorough enough	16	6.53%	3/11	6.09%
Not at all Thorough	19	7.76%	1/11	4.94%
Total	245	100.00%		100.00%

### LPA/LPM Ratings of Thoroughness for the Domain Focused Inspection Tool

**With respect to the domain focused inspection tool, did the regulations within the following domains support a thorough review of the subject area(s)?**

Physical Plant:	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	47	35.34%	7/11	28.27%
Somewhat Thorough	70	52.63%	9/11	50.01%
Not thorough enough	2	1.50%	2/11	5.08%
Not at all Thorough	5	3.76%	2/11	3.28%
Domain Focused Tool Not Triggered	9	6.77%	2/11	13.37%
Total	133	100.00%		100.01%



## CHILD CARE PROGRAM: PILOT REPORT

Care and Supervision:	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	41	31.06%	6/11	24.82%
Somewhat Thorough	76	57.58%	8/11	54.60%
Not thorough enough	1	0.76%	1/11	0.53%
Not at all Thorough	4	3.03%	2/11	6.15%
Domain Focused Tool Not Triggered	10	7.58%	2/11	13.90%
Total	132	100.01%		100.00%

Staffing Ratio & Capacity:	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	39	30.00%	6/11	23.95%
Somewhat Thorough	76	58.46%	9/11	55.46%
Not thorough enough	1	0.77%	1/11	0.53%
Not at all Thorough	5	3.85%	2/11	6.68%
Domain Focused Tool Not Triggered	9	6.92%	2/11	13.37%
Total	130	100.00%		99.99%



## CHILD CARE PROGRAM: PILOT REPORT

Personal Rights:	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	36	29.03%	5/11	22.59%
Somewhat Thorough	70	56.45%	8/11	46.99%
Not thorough enough	4	3.23%	3/11	5.83%
Not at all Thorough	1	0.81%	1/11	0.53%
Domain Focused Tool Not Triggered	13	10.48%	3/11	24.06%
Total	124	100.00%		100.00%

Reporting Requirements	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	29	24.58%	5/11	18.73%
Somewhat Thorough	75	63.56%	9/11	65.44%
Not thorough enough	1	0.85%	1/11	0.32%
Not at all Thorough	1	0.85%	1/11	0.53%
Domain Focused Tool Not Triggered	12	10.17%	2/11	14.97%
Total	118	100.01%		99.99%





## CHILD CARE PROGRAM: PILOT REPORT

Food Service	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	21	20.39%	4/10	19.33%
Somewhat Thorough	64	62.14%	8/10	56.94%
Not thorough enough	4	3.88%	2/10	2.17%
Not at all Thorough	4	3.88%	2/10	2.51%
Domain Focused Tool Not Triggered	10	9.71%	3/10	19.05%
Total	103	100.00%		100.00%

Toddler Component	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	10	38.46%	2/8	25.00%
Somewhat Thorough	14	53.85%	5/8	56.25%
Not thorough enough	0	0.00%	0/8	0.00%
Not at all Thorough	0	0.00%	0/8	0.00%
Domain Focused Tool Not Triggered	2	7.69%	2/8	18.75%
Total	26	100.00%		100.00%



## CHILD CARE PROGRAM: PILOT REPORT

Facility Administration	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	22	22.92%	6/11	19.81%
Somewhat Thorough	63	65.63%	9/11	62.58%
Not thorough enough	1	1.04%	1/11	0.34%
Not at all Thorough	1	1.04%	1/11	0.91%
Domain Focused Tool Not Triggered	9	9.38%	2/11	16.36%
Total	96	100.01%		100.00%

Facility Records	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Thorough	37	35.92%	5/11	25.48%
Somewhat Thorough	52	50.49%	8/11	49.06%
Not thorough enough	1	0.97%	1/11	0.61%
Not at all Thorough	4	3.88%	1/11	2.42%
Domain Focused Tool Not Triggered	9	8.74%	3/11	22.42%
Total	103	100.00%		99.99%

**Hardware: Ease of Use**

**Please rate the ease of use or difficulty with having regulations split by domain.**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Easy	19	6.60%	5/11	7.79%
Somewhat Easy	199	69.10%	11/11	74.21%
Somewhat Difficult	12	4.17%	5/11	3.68%
Very Difficult	57	19.79%	3/11	14.06%
Not Applicable	1	0.35%	1/11	0.25%
Total	288	100.01%		99.99%

**Please rate the ease-of-use and/or difficulty of using the stylus.**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Easy	57	19.86%	5/11	25.37%
Somewhat Easy	178	62.02%	9/11	61.09%
Somewhat Difficult	15	5.23%	4/11	3.91%
Very Difficult	3	1.05%	1/11	0.76%
Not Applicable	34	11.85%	2/11	8.87%
Total	287	100.01%		100.00%

**Please rate the ease-of-use and/or difficulty of using the hand-strap.**

Using the hand-strap:	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Easy	18	6.25%	4/11	10.86%
Somewhat Easy	95	32.99%	3/11	24.73%
Somewhat Difficult	20	6.94%	8/11	14.97%
Very Difficult	107	37.15%	6/11	33.65%
Not Applicable	48	16.67%	4/11	15.78%
Total	288	100.00%		99.99%

LPA/LPMs completed the survey multiple times; thus, the Raw Percent column indicates how many times a response was given out of all completed surveys. The Standardized Percent column presents weighted data which illustrates the percent of LPA/LPMs who responded in a particular way.

**Please rate the ease of use or difficulty with the navigation through the inspection tool on the tablet:**

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very Easy	6	2.08%	4/11	2.95%
Somewhat Easy	163	56.60%	8/11	55.09%
Somewhat Difficult	52	18.06%	9/11	25.03%
Very Difficult	67	23.26%	5/11	16.93%
Not Applicable	0	0.00%	0/11	0.00%
Total	288	100.00%		100.00%



### Forms and Manuals

LPAs and LPMs were also asked to respond to questions about supporting materials for the inspection process including the Facility Visit Checklist, the Pilot Operations Manual, and the FAS Inspection Tool Manual. When LPAs and LPMs were asked if they used the Facility Visit Checklist in the past, 97.25% said they did, and only 2.75% said they did not. They were also asked if they thought the revised Facility Visit Checklist (LIC 9118 / LIC 9121) was helpful. As seen in the table below, most LPAs and LPMs found the revised Facility Visit Checklist either very helpful or somewhat helpful.

#### Did you find the revised Facility Visit Checklist you used during the pilot study helpful?

Response Options	Number of Responses	Raw Percent	Number of LPA/LPMs	Standardized Percent
Very helpful	104	36.36%	6/11	39.28%
Somewhat helpful	99	34.62%	8/11	32.05%
No change/About the same	67	23.43%	4/11	19.48%
Not at all helpful	8	2.80%	3/11	4.23%
N/A	8	2.80%	3/11	4.95%
Total	286	100.01%		99.99%

LPA/LPMs completed the survey multiple times; thus “RP” Raw Percent column indicates how many times a response was given out of all completed surveys. To determine what percent of LPA/LPMs responded in a particular way, refer to the weighted “SP” Standardized Percent column.

LPAs and LPMs were asked if they had to refer to the Pilot Operations Manual for guidance during the inspection, and 83.85% reported that they did not need to. Only 16.15% reported that they did refer to the Pilot Operations Manual. When asked if the Pilot Operations Manual provided the guidance they needed to conduct the inspections during the pilot, 95.74% of those who responded agreed that it did. LPAs and LPMs were also asked if the FAS Inspection Tool Manual provided the guidance they needed to utilize the new FAS features, and 82.26% said that it did, whereas 17.74% said it did not.



### Language Translation

Some LPAs and LPMs required language translation to complete the inspection. In fact, 8.7% (n = 25) said they did. They were also asked what type of language translation service/assistant they used, and responses were as follows in the table below:

#### What type of language translation service and/or assistance did you use?

Response Options	Frequency	Raw Percent
I was able to translate the information myself	55	89.66%
I had help from another LPA to translate	2	3.45%
I had help from another person at the facility. What was their role at the facility?	4	6.90%
I called the Language Services Unit	0	0.00%
I utilized another form of help for translation. What form of help did you use?	0	0.00%
I was unable to get the assistance I needed to complete the inspection	0	0.00%
Total	61	100.01%



## Appendix D – Qualitative Categorization Codes

- Consistency
- Consultative - rapport
- Efficiency
- Feature to be added
- Feature to be removed
- Font size
- Frustration-concern-issue
- Important
- Inspection flow
- Licensee response
- Negative comment
- Physically challenging
- Positive comment
- Prevention and compliance
- Regulations - duplicate
- Regulations - missing
- Regulations - other
- Regulations - wrong domain
- Rollout
- Software function
- Specific regulation mentioned
- Suggestion
- Tablet and stylus
- Thoroughness
- Tool content
- Tool layout
- Workaround